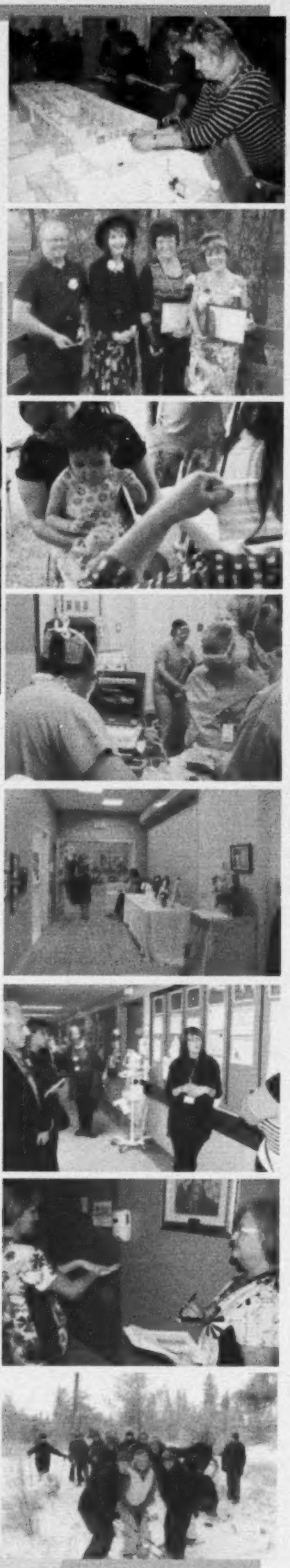
Prince Albert Parkland Regional Health Authority

2014-2015 Annual Report



PRINCE ALBERT PARKLAND
HEALTH REGION

Healthy Living in Healthy Communities.

Letter of Transmittal

June 24, 2015

To: Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan,

The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the health region with its 2014-15 Annual Report. This report provides the audited financial statements and outlines activities and accomplishments of the Regional Health Authority for the year ended March 31, 2015.

The Prince Albert Parkland Regional Health Authority had many successes during the fiscal year including the grand opening of Pineview Terrace, a new long-term care facility in Prince Albert. Prince Albert Parkland also continued work to improve quality, safety and access for our patients, long-term care residents and community clients.

The RHA's success is greatly attributed to the dedication and commitment of our employees, physicians and community volunteers.

Respectfully submitted,

B.R. Abrametz

Brenda Abrametz,
Chairperson

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The Prince Albert Parkland Regional Health Authority Annual Report to the Minister of Health is available online at www.princealbertparklandhealth.com

RHA board of directors

2014-2015

Brenda Abrametz
Chairperson

Gerry Osmundson
Vice-Chairperson

Don Code
Member

Bevra Fee
Member

Marcie Kreese
Member

Jerri Olson
Member

Hugh Otterson
Member

Shirley Schwab
Member

Mona Selanders
Member

Until May 2014

Rod Sexsmith
Member

Introduction

The purpose of the 2014-2015 Annual Report is to demonstrate the Prince Albert Parkland Regional Health Authority's (RHA) accountability to its main funder the Ministry of Health, as well as the public, and to be transparent about its activities during the fiscal year.

The organization is responsible for the preparation and verification of the information contained in this report. Significant portions of the information are taken from regular reports to the board of directors, including updates on the RHA's strategic priorities and performance in achieving key targets set by the Ministry of Health. Other information is from required submissions to the Ministry of Health.

The interpretation of the reporting reflects the best judgment of the RHA's management team, and is based on their involvement in preparing reports and tracking the data for review throughout the fiscal year—for both the board of directors meetings and the senior management team's Visibility Wall Walk. Some of the information is from patient surveys, and real-time gathering of data, which may be the only source available and may have small data sets or provide only a snapshot of a particular moment in time.

The Strategic Alignment section will demonstrate how the RHA's goals are aligned with the Ministry of Health's Provincial Health Plan. The RHA's plan reflects the provincial priorities, and the regional projects to support the achievement of the provincial outcomes.

The Overview section will discuss Prince Albert Parkland's governance and administrative structure, as well as the strategic priorities for 2014-2015. This section will also include information about the RHA's programs and services, including service volumes, as well as information about the RHA's key partners in the delivery of health care services. There are also details about the health of the population and information about risk management priorities.

Prince Albert Parkland will provide information about its Progress in 2014-2015 in achieving goals and targets, showing the RHA's successes and areas where challenges remain. There is information about how the RHA is utilizing quality improvement initiatives to improve the patient experience and to ensure the efficient use of all resources—human, financial, infrastructure and technology. Prince Albert Parkland demonstrates how it is aligned with provincial priorities. This section is organized using the provincial focus of Better Health, Better Care, Better Value and Better Teams.

The RHA chose to focus on three strategic priorities—Emergency Department flow, Surgical Services, and Suicide Prevention Screening. Those priorities were chosen because they are key areas for access, quality and safety.

Prince Albert Parkland utilizes an external auditor to review the financial statements, notes and schedules, and to ensure the RHA is presenting its financial status accurately. This information is included in the Financial Statements section. It includes information required to meet the needs of both the primary funder (the Ministry of Health), and the Provincial Auditor. The Financial Overview section will provide additional context about the RHA's financial performance.

Appendices in this report include Prince Albert Parkland's organizational chart, directory of programs and services, health status indicators, and the payee list for all recipients in excess of $50,000 in the past year (includes employees, suppliers, transfers and other expenditures).

Our Vision

- Healthy Living in Healthy Communities

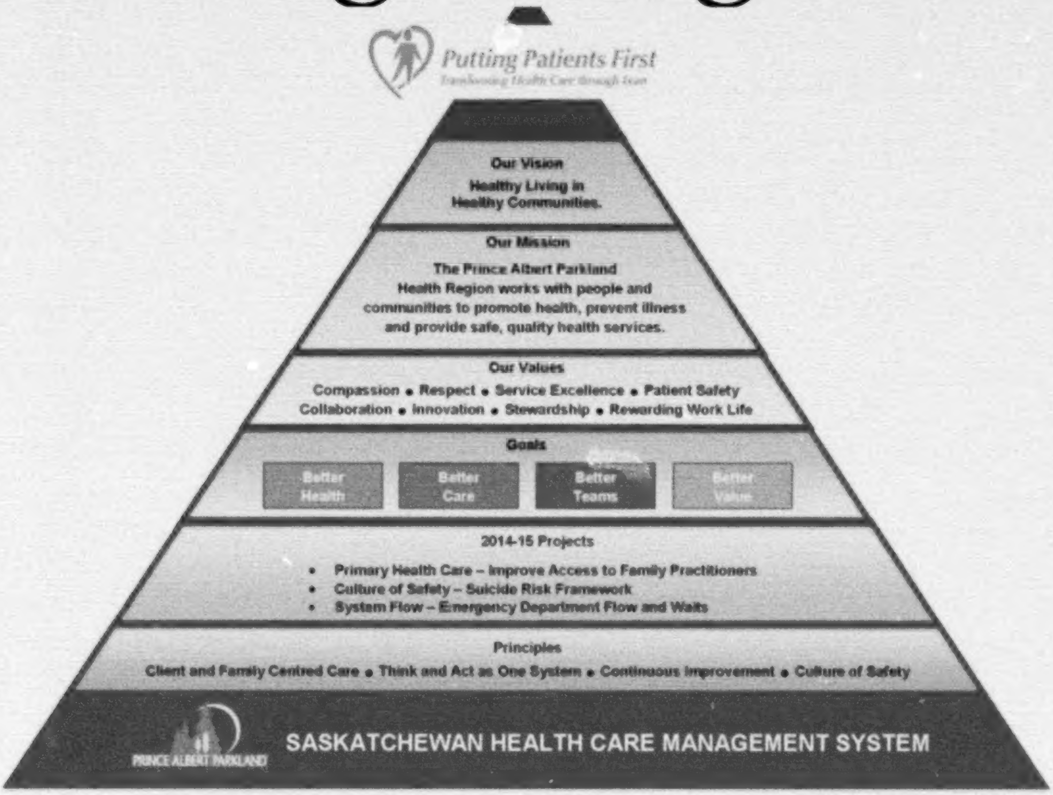
Our Mission

- The Prince Albert Parkland Health Region works with people and communities to promote health, prevent illness, and provide safe, quality health services.

Our Values

- Compassion
- Respect
- Stewardship
- Innovation
- Collaboration
- Patient Safety
- Service Excellence
- Rewarding Work Life

Strategic Alignment



Putting Patients First
Transforming Health Care through Lean

Our Vision
Healthy Living in Healthy Communities.

Our Mission
The Prince Albert Parkland Health Region works with people and communities to promote health, prevent illness and provide safe, quality health services.

Our Values
Compassion • Respect • Service Excellence • Patient Safety
Collaboration • Innovation • Stewardship • Rewarding Work Life

Goals
Better Health
Better Care
Better Teams
Better Value

2014-15 Projects
- Primary Health Care – Improve Access to Family Practitioners
- Culture of Safety – Suicide Risk Framework
- System Flow – Emergency Department Flow and Waits

Principles
Client and Family Centred Care • Think and Act as One System • Continuous Improvement • Culture of Safety

SASKATCHEWAN HEALTH CARE MANAGEMENT SYSTEM

The Ministry of Health introduced the Saskatchewan Health Plan for 2014-2015, following consultation with the Regional Health Authorities and stakeholders. The plan was developed using the method of Hoshin Kanri, which builds on the Lean management tools to focus organizations on priority areas for improvement.

The provincial health plan is focused on the four enduring goals of Better Health, Better Care, Better Teams and Better Value. The Ministry of Health has identified a number of targets for improvements and broad priorities for achieving those targets.

The Prince Albert Parkland Regional Health Authority, through its own consultation process with management, staff, physicians and partners, developed its own Hoshin Kanri projects to support the provincial goals.

Prince Albert Parkland had three projects to support provincial priorities and targets. The projects include:

- Primary Health Care—Improve Access to Family Practitioners
- Culture of Safety—Suicide Risk Framework
- System Flow—Emergency Department Flow and Waits.

The Progress in 2014-2015 section will discuss the RHA's results for those projects, as well as information about achieving both provincial and regional targets for Better Health, Better Care, Better Teams and Better Value.

That section will also include information about the RHA's three focused service lines—Primary Health Care; Emergency Department; and Surgical Services.

Overview

The Prince Albert Parkland Regional Health Authority is responsible for the delivery of health-care services for an area of about 29,000 square kilometers in central Saskatchewan. It includes Kinistino in the southeast and Big River in the northwest, and goes from Candle Lake in the northeast to Hafford in the southwest.

Prince Albert Parkland has a population of 82,578 people (Ministry of Health Covered Population June 30, 2014). The largest community is the City of Prince Albert, with a population exceeding 44,000. Other communities from which health-services are based include Shellbrook, Birch Hills, Spiritwood, Big River, Leask, Canwood, Leoville, Hafford, Blaine Lake, Candle Lake, and Debden. There are 12 First Nations located within Prince Albert Parkland, with a total on-reserve population of more than 9,000 people.

The Prince Albert Parkland Regional Health Authority board of directors is appointed by the Minister of Health. As of March 31, 2015, there are nine board members (Page 4). Nine board members served for the entire 2014-2015 fiscal year, while one resigned in May 2014.

The board of directors holds nine regular meetings annually, with eight of the nine meetings in Prince Albert in the 2014-2015 fiscal year. One meeting was held in Birch Hills (November 2014). In addition to the regular meetings, the RHA board held four special meetings in Prince Albert, with two in July 2014, one in December 2014, and one in March 2015. Minutes of the meetings are found on the RHA's website (www.princealbertparklandhealth.com).

The first residents in the new Pineview Terrace long-term care facility started moving in on Monday, June 16, 2015. Joan Wildey-Campbell was among the first residents to arrive at the new Pineview Terrace. She was a staff member when the original Pineview opened in 1964.

The board of directors has six key areas of responsibility:

- Strategic planning;
- Fiscal management and reporting;
- Relationships;
- Quality management;
- Monitoring, evaluation and reporting; and
- Management and performance.

The Regional Health Authority board of directors hires a Chief Executive Officer. The CEO reports on the Region's achievement of goals, the results of measurements, and compliance to policy based on strategic goals approved by the board of directors. The Chief Executive Officer is responsible for the day-to-day management of the organization. An organizational chart is included as Appendix A on Page 71.

The Regional Health Authority has developed a committee structure to further the goals of the Region. Standing committees that include only board members are the Board Finance Audit Committee and Quality and Safety Committee. The board also has the Practitioner Liaison Council (with physician representation). To assist in receiving community feedback, the RHA assigns board members to attend Primary Care Community Advisory Networks. The committee members provide feedback to the board about initiatives and strategic planning, and raise issues affecting health-care services. The board of directors also appoints members to other committees and boards, including North Sask Laundry and Support Services (as one of four RHA owners) and the Victoria Hospital Foundation.

Overview

Table 1: Service Volumes—Prince Albert Parkland Regional Health Authority (as of March 31 of the fiscal year)

Program/service area	2014-2015	2013-2014	2012-2013
Laboratory visits—Victoria Hospital	212,722	205,124	186,812
Laboratory visits—Shellbrook Hospital	14,080	11,415	10,287
Laboratory visits—all other rural [1]	14,555	14,542	13,920
X-Ray visits—Victoria Hospital	26,153	25,203	24.155
X-Ray visits—Shellbrook Hospital	3,184	2,569	2,147
X-Ray visits—all other rural [2]	1,648	1,499	1,525
CT visits—Victoria Hospital	8,240	7,759	6,938
CT exams—Victoria Hospital	8,562	8,138	7,191
Acute Care inpatient days—Victoria Hospital	47,766	47,982	47,710
Acute Care inpatient days—Shellbrook Hospital [3]	6,182	4,994	4,680
Emergency department visits—Victoria Hospital	27,993	27,860	28,202
Emergency department visits—Shellbrook Hospital	7,251	5,477	2,860
Ambulatory Care outpatient visits—Victoria Hospital	17,870	17,422	17,276
Operating Room Cases—Victoria Hospital			
Inpatient	1,652	1,640	1,478
Outpatient	4,046	3,722	3,529
Hemodialysis Treatments—Victoria Hospital	7,188	7,262	7,308
Long-term care—resident days (all facilities) [4]	206,807	204,773	203,907
Long-term care—residents per day (all facilities) [4]	566.6	561.02	558.65
Physical Therapy—number of treatments	34,340	38,072	34,793
Occupational Therapy—number of treatments	10,764	11,516	9,558
Speech Therapy—number of treatments	3,843	3,536	3,898
Cardiac and Pulmonary Rehabilitation—number of treatments	10,462	10,866	14,914
Home Care—number of nursing visits	48,022	40,772	41,215
Home Care—number of homemaking visits	91,972	66,565	76,295
Home Care—number of meals	28,736	29,120	33,364
Addiction Services—total new outpatient files	2,275	2,825	2,124
Mental Health Outpatients—total visits (Adult & Youth)	50,809	48,983	45,208
Public Health—total provincially funded vaccinations	14,639	17,143	16,768
Primary Care—total visits at PAPHR clinics [5]	42,261	39,250	31,465

Source: Prince Albert Parkland Regional Health Authority Finance Department statistical information

1– All other rural includes Hafford Primary Care Site, Kinistino Health Centre, Birch Hills Health Centre, Big River Health Centre, Spiritwood and District Health Complex

2—All other rural includes Big River Health Centre, Spiritwood and District Health Complex

3—Due to lack of physician on-call resources Shellbrook Hospital had limited acute-care inpatient capacity and emergency room hours from August 1, 2011 to July 29, 2013.

4—Includes 11 facilities operated by PAPHR and the affiliate Mont St. Joseph. Pineview Terrace gradually expanded capacity by 26 beds during the fiscal year. Herb Bassett Home reduced bed availability at times to accommodate renovations.

5—For 2013-14 and 2014-15 included Shellbrook, Spiritwood, Big River, Birch Hills, Leoville, Hafford/Blaine Lake, Kinistino. For 2014-2015 includes those plus Ahtahkakoop, Big River FN and Candle Lake.

In addition to providing health care services to the population of the Region, Prince Albert Parkland is a source of specialized health care services to people throughout northeast and northern Saskatchewan.

Programs and Services

The Prince Albert Parkland Regional Health Authority provides services to more than 2,000 individuals every day, including long-term care residents, mental health clients, service at home

Overview

or hospital inpatients. They may be receiving services from Home Care or Public Health, or visiting an Emergency Department or have an appointment with a Nurse Practitioner. (Table 1, Page 8)

Rehabilitation clients are seeing a physical or occupational therapist. Individuals are seeking help for substance abuse through both inpatient and outpatient addiction service programs. Public Health Inspectors are monitoring food services, swimming pools and other public venues to ensure standards are being met. Home Care staff are providing nursing and support services to help people maintain maximum independence in their own homes.

Table 2: Prince Albert Parkland RHA staffing by Full-time equivalent

	2014-2015	2013-2014	2012-2013
Medical	1.52	1.99	1.92
OOS	138.47	137.41	135.95
SUN	417.17	400.42	400.02
CUPE	1,245.82	1,204.10	1,198.03
HSAS	172.25	165.38	159.74
	1,975.23	**1,909.30**	**1,895.66**

Source: Prince Albert Parkland RHA Payroll records.
Does not include employees of affiliate agencies or partner organizations that received funding from Prince Albert Parkland.

The Prince Albert Parkland RHA has more than 2,500 employees (1975.23 full-time equivalents) working in 24-hour facilities and community-based programs. (Table 2, Page 9)

The largest facility is the Victoria Hospital, a regional centre that not only serves the residents of the region but is also a major referral centre for secondary specialist services for northern and north-east Saskatchewan. With more than 130 beds available, the Victoria Hospital has 24-hour on-call coverage for obstetrics/gynecology, orthopedics, pediatrics, general surgery, internal medicine, radiology, anesthesia and psychiatry. Other specialist services include ophthalmology, urology, ENT (ear, nose and throat), pathology and dental surgery.

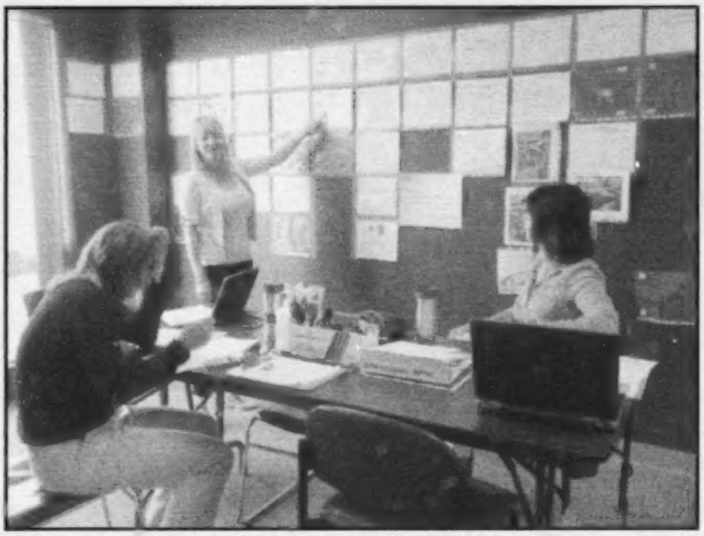
The Prince Albert Parkland Regional Health Authority programs and services also includes:

- The Acquired Brain Injury program (with SGI partial funding) provides support for residential and individual programs. The program provides awareness and education about preventing brain injuries.
- Public Health Inspection is a community-based program. Its goal is to protect the health of the people in the Prince Albert Parkland Health Region from environmental risks. Programs and services protect the public's health and safety by ensuring:
    - ◊ safe food;
    - ◊ safe water;
    - ◊ safe public swimming pools and recreational water;
    - ◊ safe housing;
    - ◊ safe residential indoor air quality.
- Access Place, in Prince Albert, provides a variety of services to individuals, including:
    - ◊ Testing and treatment for Sexually Transmitted Infections (STIs)
    - ◊ Pregnancy testing
    - ◊ Hepatitis A, B, and C testing and follow-up care
    - ◊ HIV point of care testing and follow-up care
    - ◊ Hepatitis B immunizations
    - ◊ Referrals to the Hepatitis C and HIV Program, Addiction Programs, Detox, Methadone Program, Physicians, Hospital
    - ◊ Educational presentations and in-services on STI's, HIV, Hepatitis C, Occupational Risk
    - ◊ Needle Exchange Program
    - ◊ Presentations and in-services on Hepatitis C and HIV and related issues.

Overview

Key partnerships

In order to deliver the necessary programs and services, the RHA partners with a number of organizations. The RHA requires that partners follow reporting mechanisms to ensure accountability from all of the health care organizations that receive funding. The partnerships are a valuable resource and monitoring their performance and effectiveness is one way to reduce risks for the Region.



Jamie Callahan, standing, Vice President of Human Resources, discusses data collected for Rapid Process Improvement Workshop 25 which was the week of October 6-10, 2014. Callahan was the team lead, with support from Traci Hobson, left, as sub-team lead. Cynthia Leschyshyn was KPO support for the team that worked on improving the residents' experience for meals at the Herb Bassett Home.

The largest single partner is Mont St. Joseph Home Inc., an affiliated special care home in the City of Prince Albert. Other community-based partners provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care. The Regional Health Authority also works with contracted ambulance services based in Prince Albert, Big River, Spiritwood and Blaine Lake. The four services combined for more than 10,000 trips in 2014-2015 (Prince Albert Parkland RHA financial data).

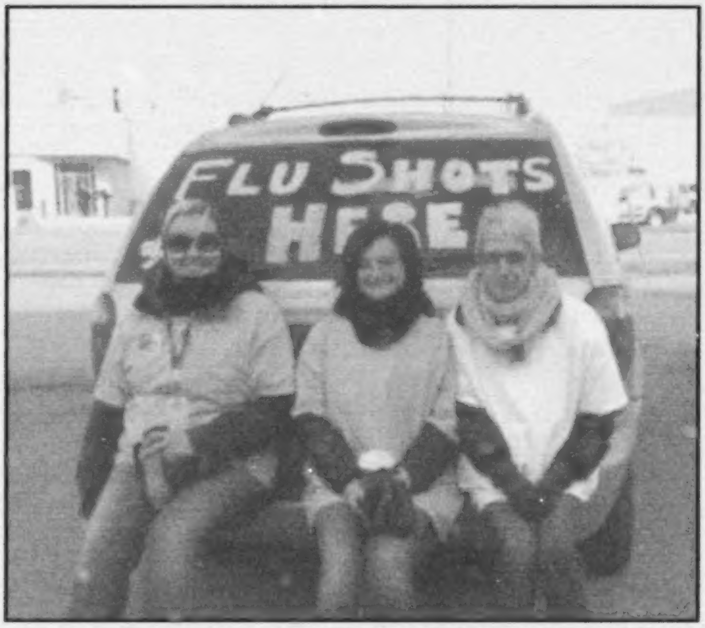
Other community partners include:

- Family Futures provides parent support for the eastern part of the region. Workers provide counseling, referral and emotional support. A new partnership with Family Futures Inc. was established to deliver the outreach component of the Fetal Alcohol Prevention Strategy. Family Futures employs two outreach workers to provide support to at risk families in the childbearing years. Other programs provided under the strategy by this agency include a parenting program and a prenatal clinic at the Family Futures site. The prenatal clinic is operated by a nurse practitioner employed by the health region and a physician from the Prince Albert Cooperative Health Center.
- Self Help and Recreation Education (SHARE) provides vocational and pre-vocational opportunities for persons with mental illness in Prince Albert. SHARE operates a group home for clients discharged from Mental Health Inpatient Villas at the Victoria Hospital. During this fiscal year enhanced funding was provided to this agency to increase bed capacity at the group home and the addition of recreational and employment preparation services.
- The Prince Albert Branch of the Canadian Mental Health Association (CMHA) assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA offers clients easier-skilled jobs and pre-vocational training. This includes employment at As Good As New (a used clothing store in Prince Albert), and obtaining skills training through the quilting projects, shopping skills project, and other life skills. The RHA also provides funding to CMHA to employ an assisted living worker at their apartment complex in Prince Albert.
- Prince Albert Co-operative Health Centre is home to the Methadone Program for IV opiate drug users. The clinic's physicians also provide services at the Birch Hills Health Centre – one of the Region's Primary Care sites.

Overview

- Mobile Crisis Cooperative provides 24-hour service to individuals in crisis, with services including a crisis phone line, mobile workers who attend to the clients, and a sexual assault program.
- The Prince Albert Early Intervention Program delivers the Kids First Community Development program for the rural east side of the region.

Prince Albert Parkland is also represented by two staff members on the board of directors for the Valley Hill Youth Treatment Centre, which is a non-profit organization that has representatives from the Prince Albert Grand Council and Ministry of Health.



From left, Chasity Vermette, HIV Coordinator, Melissa Wiese, HIV Nurse Clinician, and Barb Bowditch, Outreach & Support Worker, took influenza immunization to the streets in October 2014 to reach clients who may not usually attend a regular flu shot clinic.

Population health status

Working with community partners, both health care organizations and other human services, are necessary to address the health status challenges of the RHA's population. The health-care challenges are often the result of poor social determinants of health, and require a community-wide effort to assist people in need.

Prince Albert Parkland's population has a higher rate of people who are both overweight and obese than the rest of Saskatchewan. The trend is the same for chronic illnesses such as arthritis, diabetes, asthma, and high blood pressure. (See Appendix C: Health indicators, on Pages 75-78.) Assisting the population who are struggling with one or more chronic illnesses is a major challenge for the RHA's primary health care providers. Access to services when people are able to attend clinics will be a key component of the Primary Health Care strategy. This will include examining how the RHA can provide services later during the weekdays and on weekends. It is important for the RHA to work with Health Care Organizations and other human service agencies in order to meet the needs of a vulnerable population.

Prince Albert Parkland is a partner in the City of Prince Albert's Community Mobilization effort, which is led by the Prince Albert Police Services. In addition to the Prince Albert Parkland RHA, the partnership includes representatives of a variety of public organizations from social services, education, justice and health care fields. The Community Mobilization effort is about breaking down barriers between organizations, and working together to find solutions for both specific individuals and the community. There is case management for specific individuals, where partner organizations work together to find solutions and improve both social and health conditions.

The RHA also works with other communities through Primary Health Care Community Advisory Networks or Committees. These networks or committees, which include Prince Albert Parkland staff members and interested community members, continually review and discuss community health-care needs and potential solutions that could utilize the Region's resources or determine an appropriate resource within the community.

Overview

Risk management issues

Prince Albert Parkland, similar to other RHAs, continues to face challenges for recruitment and retention of health-care providers. This includes physicians, nurses, technicians and other provider groups. While there are challenges in the largest urban centre, gaps can affect the availability of services in rural communities.

Inadequate numbers of relief staff, both in urban and rural areas, has often led to the inability to fill vacant shifts at regular wages and has resulted in increased costs for overtime. Prince Albert Parkland continues efforts to recruit adequate staff to fill all permanent positions, but temporary vacancies (for both short and long-term absences) and relief staffing will continue to create challenges to maintain services volumes.

Another significant challenge was the capacity issues at the Victoria Hospital, which was frequently over-capacity during 2014-2015. With an average daily census of almost 100 per cent, the variations in daily activity often resulted in additional staff being required to ensure patient and staff safety. While efforts are made to have the staff working at regular wages, overtime rates were frequently required to ensure appropriate staffing for the safety of patients and staff.

The overcapacity issue also affected surgical cases. With no inpatient beds available, the RHA has reluctantly delayed surgeries for patients whose surgical procedure requires a stay in hospital at the start of the recovery process. Prince Albert continues efforts (including specific improvement events) to improve patient flow, discharge planning, and bed management to minimize the impact on patients—both surgical and medical. The efforts have resulted in very few patients waiting more than three months for surgery, as well as targets for total number of surgeries being achieved. Further elaboration about surgical targets is in the Better Care section of Progress in 2014-2015.

More than 40 staff members, physicians and patient representatives took part in the first 3P planning event for the redevelopment of the Victoria Hospital from March 31-April 4, 2014. The first event looked at the front entrance, emergency department, medical imaging, operating room and day surgery areas. A second 3P event was held in January 2015, with a third scheduled for May 2015. The events help in the design for redeveloped Victoria Hospital. The Government of Saskatchewan provided funding for planning, while the actual project is not yet approved to move forward.

Progress in 2014-2015

The Progress in 2014-2015 discusses the Prince Albert Parkland Regional Health Authority's efforts to meet both provincial and regional targets for quality, cost, delivery, safety and morale. Information in this section will address the overall provincial goals and targets, as well as regional priority projects and service lines. The section will be organized using the Ministry of Health's themes of Better Care, Better Health, Better Value and Better Teams.

For 2014-2015, Prince Albert Parkland identified three priority projects, or Hoshins. They were: Primary Care Access, including physician engagement; Acute Care Flow, including emergency department wait times; and implementation of Suicide Prevention Framework, including suicide risk assessments. The Regional Health Authority also has three service lines: Surgical Services; Emergency Department; and Primary Care. The service lines and hoshins are where most of the major quality improvement activities took place in 2014-2015.

This section will outline the RHA's efforts to meet provincial targets, the challenges that remain, and plans to meet targets that have not yet been met. The information is from regular reporting processes that include data and analysis from reports to the RHA board of directors, quarterly and semi-annual reviews, visual daily management and regional management walls, and reports to the Ministry of Health.

Better

better health • better care • better value • better teams

Putting Patients First

Transforming Health Care through Lean

Prince Albert Parkland 2014 Health Excellence Awards

Access Place Team – Better Care

Access Place staff members commit themselves to providing the highest standard of care. Each member demonstrates a genuine respect and value for each of their clients, as people with healthcare needs and deserving of a standard of healthcare. They consistently collaborate and maintain healthy client-centred relationships with every client, family and every social services and community based association. Infectious diseases continue to be widely stigmatized. The Access Place team is aggressive in working to break the discrimination barrier by actively engaging the community through education, support and specialty consult to the RHA, healthcare providers and broader communities.

Finance Department – Better Teams

The Finance Department is a service department, providing important information regarding the operations of the Health Region to managers and the Board; as well, Finance also provides services to clients whom they bill and the vendors who provide supplies and services to the RHA. Finance always treats their internal and external customers with respect, even with increased demand and deadlines. The team provides peer support and mentorship, with either new team members, or an existing member in a new position. The Finance team is much like a family. They support fellow team members when they are down and help them get through rough patches we all experience in life. The Finance Team also involves themselves in opportunities outside the department such as the OH&S Committee and Meals on Wheels.

Brad Bibby – Better Value

Brad is an Exercise Conditioning Therapist with the Victoria Hospital Therapies Department. Brad epitomizes the meaning of value with everything he does and with those who he works with. Brad is a team player, bringing value to those patients he serves, as well as his co-workers and department as a whole. He brings a tremendous work ethic to his job every day and demonstrates a positive attitude.

Marjorie Bodnarchuk – Lifetime Achievement

Marj is currently the Director of Care at Pineview Terrace Lodge. She graduated from nursing in 1974 and has been an exemplary role model of a true professional. She has been actively involved in the Saskatchewan Registered Nurses Association Advisory Committee for many years. Marj has expressed that nursing is a calling, not a job. Her view of nursing is one of caring for respectful people who do their utmost to provide safe care to those in need.

Coleen Reed – Lifetime Achievement

Colleen was a president and active member with the local Spiritwood -Rabbit Lake SRNA Committee, and the Saskatchewan Union of Nurses Spiritwood SUN local – which she helped form in 1975. After retiring in September 1999, she worked casual in Spiritwood Hospital. Colleen was also the Director of Care in Canwood from 2000-2005. In 2015, Colleen will earn her 50 years in nursing in Prince Albert Parkland Region. We would like to thank Colleen for her great service to the Health Region.

Barb Porter – Better Teams

Barb was previously the Director of Care at Birchview Nursing Home. She has been a mentor to managers and staff by listening to their concerns, and providing guidance and direction, as they become familiar with the Region. She has been a counselor and a strong advocate for staff and elders and has always emphasized a team approach to solving problems. Barb understood all aspects of safety. On the job, she would touch base with all of the departments to see if they had any concerns, and if it was discussed or investigated. Birchview was involved in a pilot project for medication reconciliation in long-term care

Progress in 2014-2015

Better Health

Better Health Strategy: Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

As part of measuring the achievement of this overall strategy of improving the health of Saskatchewan residents, the Ministry of Health set the three priority outcomes for the health-care system to achieve, and within those three priority outcomes are five-year improvement targets.

Public Health Nurse Sandy Heidel gives a client influenza vaccine at clinic hosted during a Prince Albert Raiders' home game in October 2014.

The Prince Albert Parkland Regional Health Authority developed a strategic priority to support the provincial goal of Better Health in 2014-2015. The RHA's Hoshin is: By March 31, 2015, there will be 10 per cent more family physicians working with a Primary Health Care team service model to provide comprehensive primary care to patients.

The current system did not consistently facilitate comprehensive, coordinated care for patients due to lack of inclusion of urban clinics (all in the City of Prince Albert), working in silos, funding barriers and lack of definition of "team". This new model of delivery will build and enhance relationships with private providers.

Patient satisfaction and improve chronic disease management was not measured in non-RHA-operated sites. Clients who are being seen in RHA programs such as the diabetes education centre, are receiving good care, but not all potential clients were being referred to those programs. There is often a different level of engagement between the private providers and the RHA, with some having stronger relationships that ensure continuity of care, while others do not. This has often led to silos between provider groups and programs, and lack of certainty about areas of responsibility for client care.

Another challenge is that there are two different electronic medical records used in the province, and the ability to share information between care providers with different organizations can be difficult. This can mean duplication of work, as well as missed communication between different providers.

Current data does not include any clinics that are not operated by the RHA. The incomplete data collection presents a challenge to determine wait times, quality, safety and patient satisfaction for those clients being seen in urban private clinics.

The RHA will outline the efforts to support the three priority areas and achieve the five-year improvement targets.

By March 2017, people living with chronic conditions will experience better health as indicated by a 30 per cent decrease in hospital utilization related to six common chronic conditions (diabetes, coronary artery disease, chronic obstructive pulmonary disorder, depression, congestive heart failure and asthma). (Chart 1, Page 16)

Related Five-year Improvement Targets

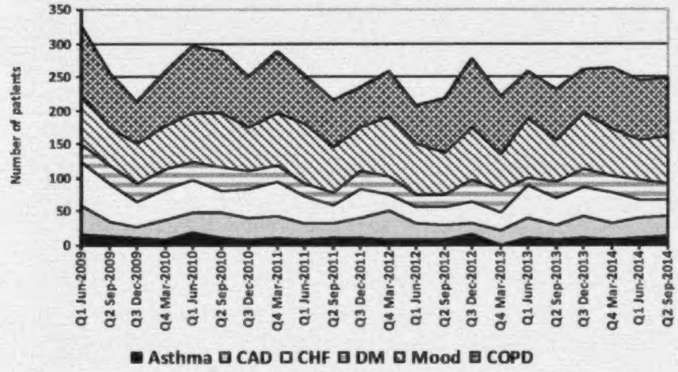
- By March 2017, there will be a 50 per cent improvement in the number of people who say "I can access my Primary Health Care Team for care on my day of choice either in person, on the phone or via other technology."
- By March 31, 2020, 80 per cent of patients with six common chronic conditions (diabetes, coronary artery disease, chronic obstructive pulmonary disorder, depression, congestive heart failure and asthma) are receiving best practice care as evidenced by the completion

Progress in 2014-2015

Better Health

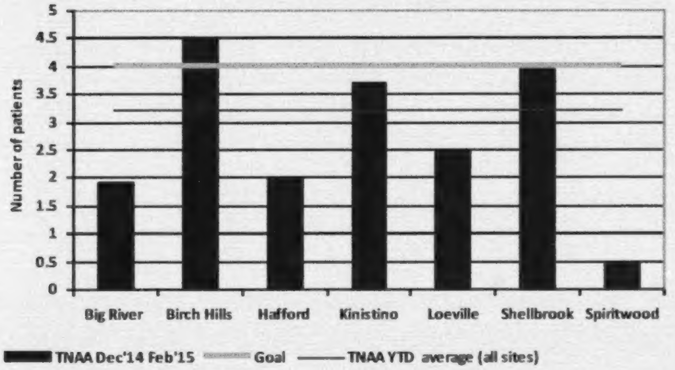
of provincial flow sheets available through approved electronic medical records (EMR) and the eHR viewer.

Chart 1: Age and sex-adjusted hospitalization rates for 6 ACSCs per 100,000 population for Prince Albert Parkland RHA



Discharge abstract database, Saskatchewan Ministry of Health

Chart 2: Third Next Available Appointment by Primary Care Site for Prince Albert Parkland RHA



Prince Albert Parkland RHA primary care data

Among the overall strategies to achieve the targets were:

- Ongoing physician and Nurse Practitioner recruitment and retention to ensure supply
- Management dyads with physician lead
- Remind patients of appointments
- Use of "same day" appointments
- Accommodating walk-in patients

The number of physicians working as part of primary health care teams has met the RHA's target of a five per cent increase from the 2013-14 baseline to the 2014-15 results.

This has been achieved by including the physicians from private clinics in the City of Prince Albert who have been involved in two pilot projects. The pilot projects had a mental health worker in two clinics for two days each on a weekly basis, as well as diabetes educator one day per week in one clinic. The percentage of physicians involved in a primary care team has increased from 29 per cent to 42 per cent.

The results for the mental health pilot have been positive, with an average score of 8.8 out of 10 when patients were asked to rate the health counsellor support program. The patient survey showed mixed results for the diabetes educator program. The RHA is evaluating the pilots to determine the overall effectiveness and future commitment of resources.

Additional measurements to determine the RHA's ability to meet the targets include:

- Third Next Available Appointment (Chart 2, Page 16). The Third Next Available Appointment goal was met in all locations except Birch Hills in the most recent survey period.
- Maintain a maximum no-show rate (in RHA sites) of five per cent or less (Chart 3, Page 17). The no-show rate goal was met in four locations (Big River, Birch Hills, Hafford, Kinistino), and not met in four locations (Blaine Lake, Leoville, Shellbrook, Spiritwood). Several initiatives have been attempted to reduce the no-show rate, including reminder calls prior to the appointment, with mixed or no success in some locations. All sites attempt to fill the unused time with walk-in clients or calling people who may be available on short notice.

The RHA has also had two Rapid Process Improvement Workshops (RPIWs) focused on improving access for primary care and chronic disease management.

- RPIW #19—Increase capacity of Registered Nurse to spend greater time providing self-management support for Chronic Disease Management (CDM) clients

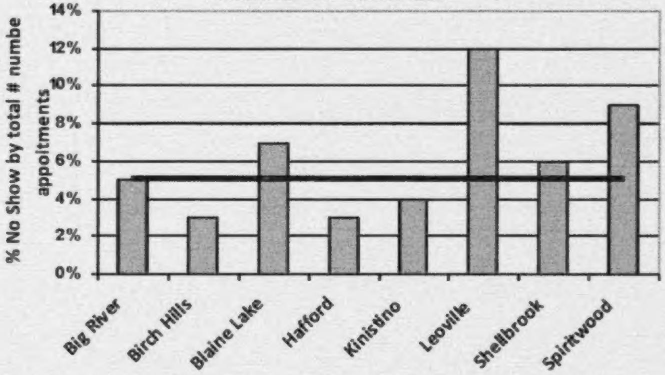
Progress in 2014-2015

Better Health

The event week in March 2014 focused on the work of the Chronic Disease Management nurse, as well as scheduling of patients. The RPIW team helped implement changes to reduce disruptions for the CDM nurse, which enabled the staff member to prepare for appointments and ensure patients had a care plan after each appointment. Changes in Medical Office Assistant roles have also helped reduce delays in scheduling CDM patients for their regular appointments. The care plan portion has maintained, while the appointment scheduling had been reset. The 180-day audit for that portion is in June 2015, and if the recent successes are maintained this RPIW will be considered a key accomplishment.

- RPIW #23—Reduce lead time for patients accessing Primary Health Care clinic site (Shellbrook) from the time they request an appointment to the time they see the clinician

Chart 3: No Show Rate for Appointments by Primary Care Site for Prince Albert Parkland RHA



Prince Albert Parkland RHA primary care data

The event week was in July 2014. Shellbrook Primary Health Clinic had the longest wait in the region to see a provider (14 days for third next available appointment). Providers had to frequently leave the room to retrieve equipment and supplies, interrupting flow of appointment.

During the event week, access to the clinic was improved, as was provider and other staff flow. Providers capacity was also increased. The third next available appointment (Chart 2, Page 16) was reduced to less than two days by January 2015, and the RPIW is considered a key accomplishment.

The RHA is also moving forward with plans for a Collaborative Emergency Centre (CEC) in Spiritwood. The CEC will have 12 hours per day of primary and urgent care from 8 a.m. to 8 p.m., with a physician or nurse practitioner, along with a registered nurse providing care. From 8 p.m. to 8 a.m., a paramedic (provided in partnership with an ambulance contractor) and registered nurse will respond and assess any patients coming to the centre. While ambulances will not come to the facility with patients, the goal is to provide some urgent response and assessment. It is expected that the day-time and nigh-time models will be implemented in the 2015-2016 fiscal year. The Ministry of Health has provided funding for the CEC, including funding for renovations required at the facility, which are to be completed early in the 2015-2016 fiscal year.

By March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change.

Five-year Improvement Targets

- By March 31, 2015 increase home care utilization and clients in the three pilot RHAs by five per cent.
- By March 31, 2017 the number of clients with a Method for Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase by two per cent.

Prince Albert Parkland's Home Care program saw an increase in the volume of nursing and home-making visits in the past year (Table 3, Page 18). This is partially to support the Saskatchewan Surgical Initiative, with Home Care providing more services for patients discharged from hospital. Another focus is to avoid inpatient admissions and reduce lengths of stay for individuals who are no longer requiring acute care but still need some support.

Progress in 2014-2015

Better Health

Prince Albert Parkland was one of the sites chosen to implement a Home First/Quick Response pilot project, in an effort to ensure individuals can be returned home as soon as possible, as well as being assessed for their support needs—including long-term care placement. More information about the Home First pilot project is provided in the Better Health section of Progress in 2014-2015.

TABLE 3: Home Care client volumes

	2014-2015	2013-2014	2012-2013
No. of Clients	2,373	1,952	2,006
Nursing visits	48,022	40,772	41,215
Home-making visits	91,672	55,565	76,295
Meals	28,736	29,120	33,364

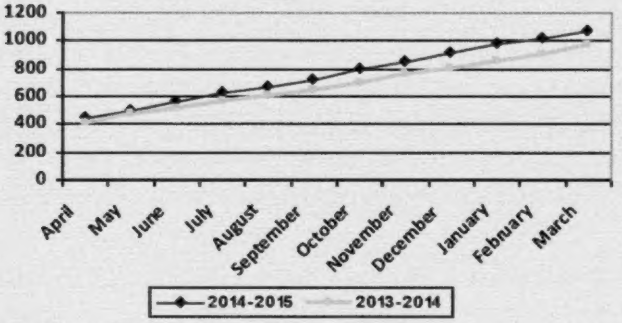
Prince Albert Parkland RHA Home Care data

The Method for Assigning Priority Levels (MAPLe) is a tool that assigns clients into five priority levels based on their risk of adverse outcomes. Clients in the lowest priority level have no major functional, cognitive, behavioural, or environmental problems and are considered self-reliant. The highest priority level is based on presence of impairment for activities of daily living (ADL), cognitive impairment, wandering, and behaviour problems. Research has shown that the five priority levels are predictive of risk: Individuals in the highest priority level are nearly nine times more likely to be admitted to a long- term care facility than are the lowest priority clients. MAPLe also predicts caregiver stress.

The Ministry of Health's goal is to increase the capacity to support more individuals with higher MAPLe priority levels in their own home, rather than requiring admission to long-term care facilities.

In 2014-2015, Prince Albert Parkland met the target of increasing the number of clients with 3, 4 and 5 MAPLe scores being supported through Home Care by two per cent from the previous year. (Chart 4, Page 18)

Chart 4: Prince Albert Parkland RHA number of active Home Care clients with MAPLe scores of 3, 4 and 5 Prince Albert Parkland RHA



Prince Albert Parkland RHA Home Care data

By March 2019, there will be increased access to quality mental health and addiction services and reduced wait time for outpatient and psychiatric services.

Five-year Improvement Targets

- By March 31, 2017 wait time benchmarks for mental health and addictions will be met 100 per cent of the time.

Prince Albert Parkland RHA is meeting the wait time benchmarks for both adults and child/youth clients for services almost 100 per cent of the time, with the lone exceptions in the past 12 months being adults triaged as mild or moderate. Severe or very severe have been met 100 per cent of the time in the most recently available data (Source: PLC Wall Walk Charts).

For Mental Health services, the results have not been as successful. The benchmarks for both adults and child/youth clients were not being met by significant numbers of clients between May and December 2014. (Chart 5 and Chart 6, Page 19).

The RHA is changing the focus of the Primary Care service line from physician and nurse practitioner clinics to mental health and addiction services for the 2015-2016 fiscal year. The change of focus on those specific service areas is expected to help improve access and reduce wait times for adult and child/youth mental health and addictions clients.

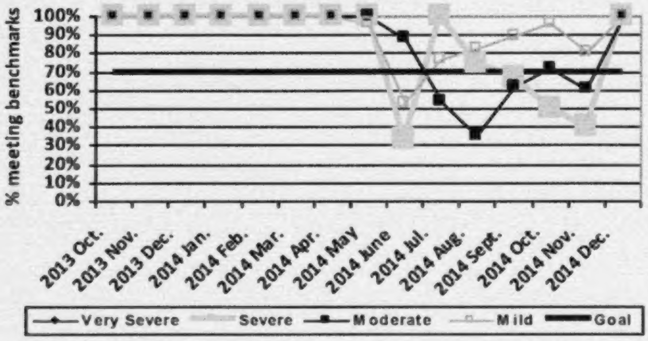
Progress in 2014-2015

There has been improvement work going on within those programs, including rapid process improvement workshops.

- RPIW #1—Reduce lead time from client being triaged to scheduling of first appointment in Mental Health Outpatients

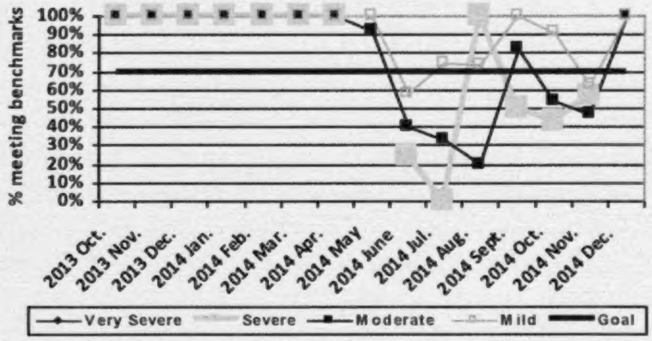
The RHA's first Rapid Process Improvement Workshop in May 2013 focused on access to mental health services (not including psychiatrists). The workshop reduced the time from referral to first appointment from an average of 10 days to less than one hour after the patient was contacted. It included a change in process for intake and scheduling, including changes in how clinicians took new clients. This was the RHA's first key accomplishment within the Saskatchewan Healthcare Management System.

Chart 5: Percentage of Adult Clients Meeting the Triage Benchmarks in Mental Health Outpatient Programs Prince Albert Parkland RHA



PLC Quarterly Wall Walk Chart

Chart 6: Percentage of Child and Youth Clients Meeting the Triage Benchmarks in Mental Health Outpatient Programs Prince Albert Parkland RHA



PLC Quarterly Wall Walk Chart

- RPIW #21—Reduce readmission by 50 per cent within 30 days of adult patients and reduce re-hospitalization between 30 and 60 days of adult patients from the Mental Health Inpatient Unit.

A key element for reducing readmissions is to involve all care providers in planning for a patients discharge, which will include a plan to meet further care needs in the community. The RPIW developed standard work to ensure multi-disciplinary meetings were being held for patients, and that community bridging forms were fully completed. The audits have fallen short of targets in some reporting periods, but have been within a few percentage points (often one or two patients) of meeting targets in those audit periods. Audit measurements had both of those on target in March 2015; however, that success will have to be maintained through the 180-day review in June 2015 to be considered a key accomplishment.

- RPIW #29—Reduce lead time for patients referred to out- patient psychiatry from time of referral to time of appointment

There are 60-70 psychiatry referrals received at the outpatient Mental Health department each month. Approximately eight appointments are made daily for each of the psychiatrist per day. If they are on call that day they could see an additional 5-8 clients and then could see upwards of 3-4 clients daily on inpatients. There are five full-time psychiatrists and one part-time psychiatrist at the centre. Out-of-region clinics are held in Melfort and Nipawin. There are two psychiatrists who work in private clinics in Prince Albert, and seven psychiatrists take part in the on-call rotation for emergency patients.

The RPIW team's focus was on reducing wait times and meeting the targets for very severe and severe clients to be triaged for outpatient psychiatry. The target for very severe clients is within 24 hours, while the target for severe is within five working days. As of the 90-day review, audit results showed that both targets were being met. The success must be maintained through the final audit in July 2015 to be considered a key accomplishment.

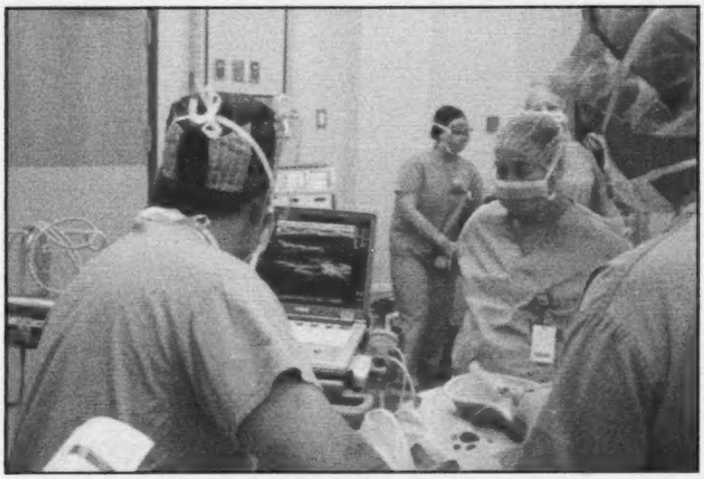
Progress in 2014-2015

>> Better Care

Better Care Strategy: In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

As part of measuring the achievement of this overall strategy of improving the care of Saskatchewan residents, the Ministry of Health set the three priority outcomes for the health-care system to achieve, and within those three priority outcomes are five-year improvement targets.

For 2014-2015, the Ministry of Health has the provincial-level Hoshin: At least 85 per cent of patients requiring admission from emergency department are admitted to an appropriate bed within five hours.



Dr. Erwin Chao, anesthesiologist, at left, uses an ultrasound to guide him as he injects anesthesia for a block on a surgical patient at the Victoria Hospital.

The Prince Albert Parkland Regional Health Authority developed a strategic priority to support the provincial goal of Better Care in 2014-2015. The RHA's Hoshin is: By March 31, 2015, decrease by 50 per cent the emergency department wait for physician initial assessment for CTAS 3, 4, and 5 patients. (Canadian Triage Acuity Scale is a national triage standard for emergency departments. CTAS 3,4 and 5 are urgent, semi-urgent and non-urgent, respectively.)

Patients are spending a greater amount of time waiting for emergency department services than is appropriate under the CTAS standards (Chart 7, Page 21). As a result, patients are at risk of harm due to delayed treatment, as well as when patients leave without being seen by a physician or being reassessed by the triage nurse. At the beginning of the 2014-2015 fiscal year, approximately 50 per cent of CTAS 3 patients waited greater than one hour, and about 10 per cent of CTAS 3 patients left without being seen by a physician. (Chart 9, Page 24).

Among the contributing factors to wait times over CTAS standards are:

- Triage workload includes the volume of patients and the expectations of triage regarding orders, managing the fast track room, starting intravenous therapy, and dealing with ambulance calls. Triage is often overwhelmed with the long wait times for patients.
- Bed flow gradually deteriorates from 11 a.m. to 11 p.m., and then there is a period of catching up to capacity once every 24 hours. At 7 a.m., the capacity begins to diminish as the surge of patients to the emergency department begins.
- Physician workload is overloaded with tasks including referrals from family physicians, fielding calls from family physicians for advice, tending to non-emergent patients who are referred to the emergency department from family physicians (who sometimes arrive without adequate information), tending to non-emergent patients who they have asked to return for follow-up, reviewing repeat diagnostics from existing patients, and not having the capacity to see new patients.
- Nursing assignment within the department dealing with all beds at capacity a majority of the time.

The population served by the Victoria Hospital Emergency Department includes people with complex health issues (compounded with aging), socioeconomic factors, and limited access to primary health care. There is often a lack of acute care beds, and reduced bed availability in

Progress in 2014-2015

emergency department due to acute care admissions. Some of the pressure on acute care access is due to people waiting for placement in long-term care facilities when no space is available. It is the only 24-hour emergency care centre, and the only 24-hour health-care centre open in Prince Albert.

The following describes the RHA's efforts to support the three priority areas and achieve the five-year improvement targets.

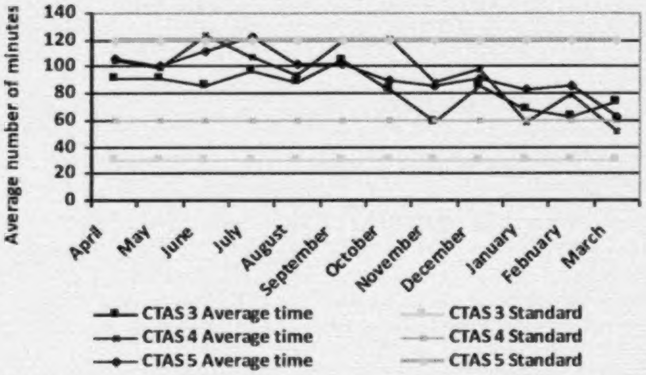
By March 31, 2019, there will be a 50 per cent decrease in wait time for appropriate referral from primary care provider to all specialists or diagnostics.

Related Five-year Improvement Target

- By March 31, 2015, a provincial model is developed for appropriate referral to diagnostics and specialists in one or two clinical areas.

There was no specific provincial measurement developed during this fiscal year; however, the RHA has undertaken some efforts to improve the referral process for diagnostics and specialists.

Chart 7: Wait time for Victoria Hospital Emergency Department Patients from triage to seen by physician 2014-2015



NACRS data

- RPIW #12—Reduce wait time for patients by reducing the lead time for specialist consult in the Victoria Hospital Emergency Department.

This event took place in October 2013, and there continues to be challenges in meeting targets for referral wait times. Consultants are not consistently seeing patients within the guidelines outlined in this RPIW. At this time, only physical consults were being counted as time seen, but this has been clarified to reflect phone direction from a specialist to Emergency Department physician, which should help get closer to meeting targets. Further work with the specialist groups to identify barriers to meeting the targets is underway. This will include identifying specific specialist groups that are not consistently meeting the guidelines. Long waits for consultations can result in bed management issues and increase wait times for other patients in the Emergency Department.

- RPIW #24—Reduce wait time by 50 per cent for patients returning to the Victoria Hospital Emergency for follow up for CT and Ultrasound exams.

A challenge for patients returning for follow up, including for CT or ultrasound scans, is that the triage process does not show them as urgent, which can lead to long waits to be seen. As of the March 2015 audit of this event from July 2014, wait times for patients returning to the Emergency Department for follow-up care were meeting the targets. Work will continue in order to ensure targets are met through the remaining audit periods.

By March 31, 2017 no patient will wait for care in the emergency department.

Related Five-year Improvement Targets

- By March 31, 2015, 50 per cent reduction in emergency department waits.
- Maintain the number of Alternate Level of Care days (waiting placement) across the province and in each region at no more than 3.5 per cent of total. (Chart 8, Page 23)

The RHA has focused significant effort on reducing the wait time for emergency department patients, primarily at the Victoria Hospital. This includes looking at patient flows within the emergency department, and flows elsewhere in the facility that affect the emergency department.

During the 2014-2015 fiscal year, the Victoria Hospital averaged 97.7 per cent of normal inpatient capacity, and was often normal capacity on many inpatient units (Table 4, Page 22). When inpatient units are full or overcapacity, it can lead to challenges in the emergency department as patients may not be able to be admitted to an inpatient bed. This means a patient will be in the emergency department, which is both inappropriate for the patient and preventing other patients from being seen in that space.

TABLE 4: Victoria Hospital inpatient units
Total patient days and average daily census (ADC) by unit

Inpatient Unit	2014-2015		2013-2014		2012-2013	
	Patient	ADC	Patient	ADC	Patient	ADC
Level 3—Pediatric (14 beds)	4,456	12.2	3,814	10.4	3,533	9.7
Level 4—Surgical (33 beds)	11,435	31.3	11,835	32.4	11,443	31.4
Level 5—Med/Pall (34 beds)	12,669	34.7	12,665	34.7	12,222	33.6
Level 6—Medical (32 beds)	12,029	33.0	12,150	33.3	12,141	33.3
Intensive Care Unit (8 beds)	2,371	6.5	2,401	6.6	2,375	6.5

Prince Albert Parkland RHA statistical data
NOTE: Bed numbers are normal capacity when fully staffed

While inpatient admissions are usually appropriate, the RHA is challenged by having some patients who may be best cared for either in another institution (for example a special care home or personal care home) or who could be at home with the proper support.

A key initiative to reduce emergency department waits and improve patient care was the implementation of the Home First/Quick Response Pilot Project.

Home First/Quick Response program is an evidence-based, person-centered transition management philosophy focused on keeping patients—specifically high needs seniors—safe in their homes for as long as possible with community supports. The program is targeted towards enhancing and improving Home Care response to intensive short-term service needs to sustain seniors in their homes; facilitate appropriate discharge from acute care to community options; prevent unnecessary visits to emergency rooms; and engage service providers in the system to support seniors in their homes.

In August 2013, The Ministry of Health informed Prince Albert Parkland RHA that it would receive funding to go towards the development and implementation of a Home First/Quick Response Pilot Project. The Home First/Quick Response pilot was operationalized in Prince Albert at the Victoria Hospital through two community-based Registered Nurse Case Managers who are experienced in home healthcare and community services. These Nurse Case Managers, through the application of the contact assessment tool and assessment skills, identify and arrange the appropriate supports in the community to maintain and support independence and optimal health status at home and make referrals where appropriate. Additionally, the Nurse Case Manager will identify potential ALC patients on admission to Acute Care to begin the discharge planning with a goal to return home with additional community supports.

Additional resources included two full-time Nurse Case Managers and six Continuing Care Aides (CCA). The new Case Managers and CCAs work collaboratively with the existing Home Care Nursing Department, the Assessment-Care Coordinators, Occupational Therapists, Physiotherapists, Home Support Department (CCAs), Schedulers, Patient Care Coordination Unit at the Victoria Hospital and Acute Care Access Program (ACAP).

Among the challenges in implementing the program was education of other service providers to the philosophy of Home First, and the ED triage nurses are often overwhelmed with present workload were reluctant to ask screening questions to trigger referral to Home First.

Progress in 2014-2015

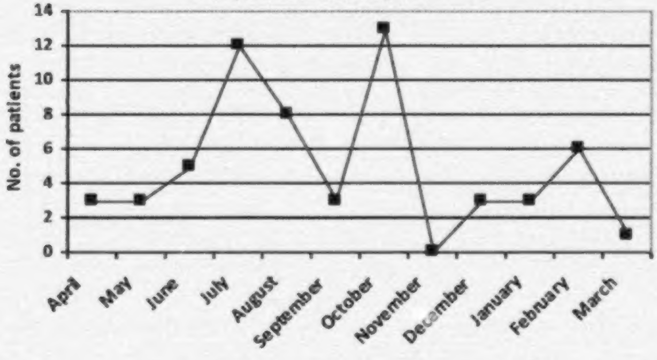
>> Better Care

To date, most clients are seen by Home First nurse case managers after they are admitted to acute care and have been deemed alternate level of care status or assessed and waiting for long-term care. There have been successes with returning clients home from acute care rather than being admitted to long-term care, and the program will continue this work. As program development continues, the goal will be to work towards the ED piece of the project-reducing visits to the emergency department and preventing admissions to the hospital.

The Ministry of Health has announced additional funding for Prince Albert Parkland to expand the Home First program in the 2015-2016 fiscal year.

Another initiative to reduce wait times in the Victoria Hospital Emergency Department is the implementation of Standard Order Sets for the 10 most common admissions. Order sets are conveniently grouped medical orders that work to standardize diagnosis and treatment following pre-established clinical guidelines. Specific Emergency Department physicians were assigned to draft the order sets, with input from other emergency department physicians, specialists, nursing and other departments. Some of the order sets were not yet completed as of March 2015. The process for the five outstanding order sets were to be completed by April 2015.

Chart 8: Number of patients waiting placement at Victoria Hospital 2014-2015 by month



Prince Albert Parkland Health Records

Among the other specific initiatives were rapid process improvement workshops.

- RPIW #20—Inappropriate referral from physician clinics to the Emergency Department

Family physicians frequently refer their patients to the Victoria Hospital Emergency Department for further follow-up. Depending on the circumstances, these patients can wait longer as they are triaged the same as all other patients. There has been challenges in communication and incomplete orders, which further delays assessment and any treatment/testing at the Victoria Hospital.

During the RPIW week, the team changed the process at main reception to ensure patients arriving at the hospital know the specific area to attend (ambulatory care vs emergency department), and they also developed a referral form that clearly states which department patients are to attend, and includes all necessary patient information. Improving the communication between the physician clinic and the Victoria Hospital, along with clearer orders and patient understanding was the primary goal of the RPIW.

As of the 180-day audit in January 2015, this RPIW was considered a key accomplishment, as the targets for accurate physician orders were being met.

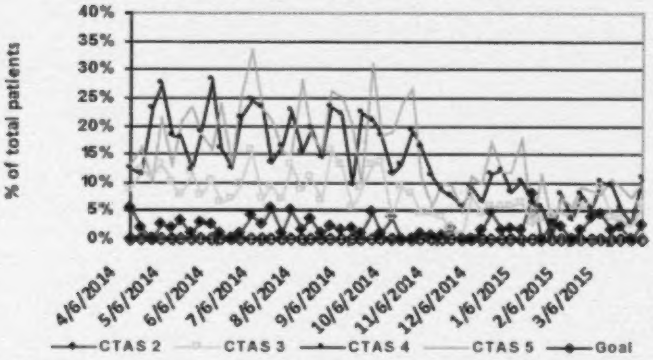
- RPIW # 22—Reduce the lead time for patients requiring IV antibiotics from registration to IV antibiotic completed and discharged from the Victoria Hospital Emergency Department (for patients referred from physician's office).

Health care providers were sending patients to the Victoria Hospital Emergency Department (ED) in order for their patients to access intravenous (IV) antibiotics. Patients receive their first dosage, and then come back for subsequent doses. Patients were often coming with IV antibiotic orders that were not clear, and the patient had to see an ED physician to clarify the orders. Patients often waited for IV antibiotics to be administered, after going through the registration and triage process. Patients were managed by the triage nurse, which resulted in delays and interruptions for other patients in the emergency department.

During the week the team, which included a representative from a physician office, developed standard work for community-based physicians for referrals to the emergency department for IV antibiotics. The new form clearly states information required, includes check-boxes and reduces chance of errors in making orders.

As of the 180-day audit in January 2015, the targets had not been met. While wait times had been reduced, the length of time a patient waited still needed to improve. Among the actions being taken to meet the targets, the Victoria Hospital Pharmacy is performing defect measurements on the completion of the new IV antibiotic specific referral form and targeting education on the correct completion of this form to clinics/practitioners requiring further orientation.

Chart 9: Percentage of Victoria Hospital Emergency Department Patients Left without Being Seen by CTAS score



Sunrise Clinical Manager—Prince Albert Parkland data reports

By 2018, there will be a 50 per cent reduction in inappropriate services.

Related Five-year Improvement Targets

- By March 2015 develop a provincial appropriateness framework strategy, implementation plan and accountability mechanisms.
- By March 31, 2015, data analysis and reporting mechanisms are in place to capture and analyze baseline data that flows back to point of care.

These are very specific provincial goals. Prince Albert Parkland is part of the provincial efforts to reduce wait times and ensure patients are receiving appropriate services in the right place at the right time.

Prince Albert Parkland is also addressing other concerns in an effort to achieve Better Care for patients, long-term care residents and community clients.

Surgical Services and Acute Care inpatients

- RPIW #16—Eliminate defect in the patient ad-on process in surgery that impact overtime and after hours surgery.

About a quarter of the surgeries at Victoria Hospital were done as add-ons and after regular operating room hours. There are times when some patients were bumped because of emergency surgeries, and there was also a patient and staff safety concern when staff members were working significant overtime. Entire operating slates could be cancelled for a day if the staff members were doing emergency surgeries throughout the previous night. The audits during the year showed that there were still challenges in having all of the correct information available for booking. Work continues to improve communication between providers. This can affect the ability to have all surgical patients offered a surgery within three months (Chart 10, Page 25).

- RPIW #18—Decrease the delay in Patient Care Coordinator process to discharge Victoria Hospital Level 5 patients requiring home care services

Defects in the discharge process included delayed discharges, inappropriate discharges (done without proper support), and lapses of communication involving hospital staff, patients, families and other services. The appropriate discharge planning tools were not being utilized consistently, and there was a lack of role clarity within the care team.

Progress in 2014-2015

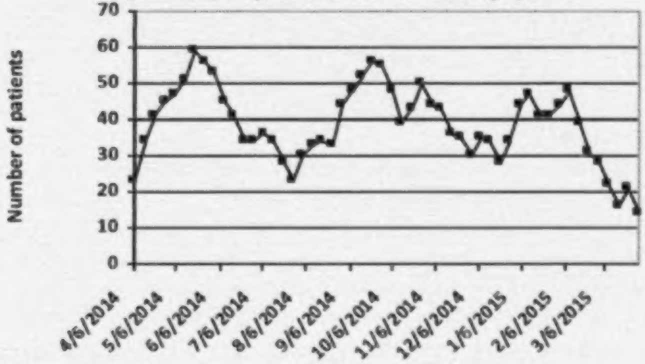
>> Better Care

The RPIW team developed a referral process for Patient Care Coordinators (PCC) and Home Care, and standard work for discharge and summary form completion to ensure Home Care receives all required information. There continues to be challenges in starting discharge planning soon after a patient is admitted. The Patient Status at a Glance (PSAG) board has not been used consistently by all providers. This incomplete data creates and unclear picture of barriers to discharge. Specific responsibility for updating the PSAG board has been done, and audits will continue into the next fiscal year.

- RPIW #27—Standardize Patient Flow for Pre-operative Assessments for Victoria Hospital surgical patients.

The process had a large amount of variability from seeing patient to the pre-anesthetic clinic, to surgery. Patients who are physically not appropriate for surgery are making it to the Operating Room holding area before it is determined they are unfit for surgery causing cancellation. Patients are currently having to make multiple attendances at many locations to complete all components of pre-op course often over many days. The chart is often incomplete (75 per cent missing information, 10 per cent not done). There is no standard practice for family physician pre-op package, and the patient is unsure what to do when they receive the package. While there has been some improvement in the process, there continues to be too many errors or missing information. The RHA will continue to work with the specific specialist groups that are struggling with the processes.

Chart 10: Prince Albert Parkland RHA number of surgical patients waiting more than 3 months for surgery



SkSI Weekly Report—Ministry of Health, Government of Saskatchewan

- RPIW #28—Reduce the lead time for Total Joint Replacement Patients in the Victoria Hospital Operating Room.

The provincial target time for the completion of hip replacement surgery is 120 minutes, and Prince Albert Parkland's was 139 minutes from patient in to patient out. The provincial target for knee replacement surgery is 120 minutes, and Prince Albert Parkland's was at 136 minutes. The longer time period decreases operating room capacity and can result in fewer overall surgeries being performed. This can affect the overall surgical patient wait times.

The RPIW worked on a new process to have both patient and sterile instrument preparation happening at the same time, rather than waiting for sterile instruments to be placed prior to patient being in the operating room. A stop sign was placed on operating room doors to decrease traffic in operating rooms during critical times of the surgery. An improved process ensures instrument trays are set up properly, and that assistance is available to reduce turnover time for sterile instruments.

As of the February 2015 audit, the targets were being met for instrument set up and patient's arrival in the operating theatre.

- RPIW #30—Decrease lead time for processing of orthopaedic and ENT instruments from pre-clean to sterilized and back to Operating Room at Victoria Hospital.

There was inconsistent turnaround of instruments for the operating room, including evenings and weekends. There were also delays in returning instruments to the operating room related to defects such as washer malfunctions, sterilizer malfunctions, backlog of items to go in wash-

Progress in 2014-2015

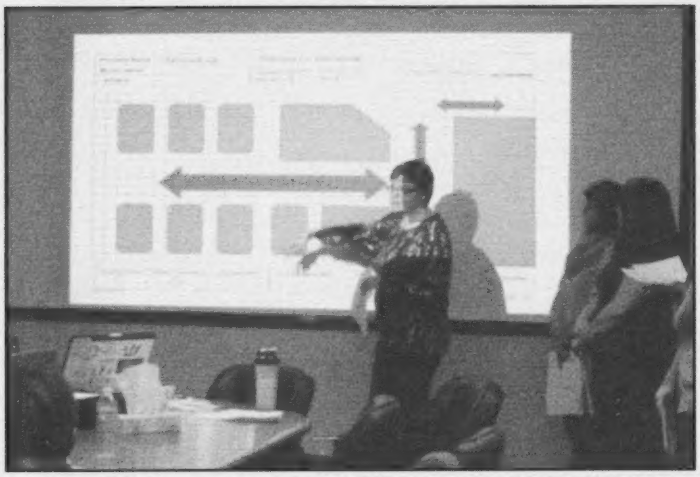
ers. With the number of emergency surgeries, there were not always trays ready when required. This can be a patient safety concern.

Improving communication between Sterile Processing Department (SPD) and Operating Room, including work standard for SPD daily huddles to review priorities was a key element of the RPIW team's work. There was also improved communication with staff being aware of type of surgeries scheduled and the instruments required in each operating room. There were also several changes to the SPD processes to address both timely delivery of instruments.

As of the February 2015 audit, key targets for SPD turnaround time and accuracy of instrument deliveries were being met.

Primary Care—Therapies

- RPIW #17—Reduce lead time for patients accessing Therapies Outpatient Physical Therapy services at the Victoria Hospital



More than 25 Prince Albert Parkland RHA staff members were trained in 5S tools (sorting, simplifying, sweeping, standardizing, and sustaining) for use in their own facility and program areas. This was one of four teams that reported on the improvements they made during the training in January 2015.

The RPIW team focused on developing standard work and processes for the initial assessment booking, as well as processes to discharge patients to allow for therapists to take on new patients. For urgent outpatient services, the wait time was one to four weeks, while the non-urgent wait time could take several months.

During the RPIW event week, the team arranged with a private provider to take referrals for new patients when the wait times started to increase.

While the audits were demonstrating a successful implementation, it was discovered that the data being used was for more than the physical therapy staff members. The audits will begin again in April 2015 with improved data collection.

Long-term care

- RPIW #25—Reducing the wait time and improving the flow of the resident in the Herb Bassett Home Dining Room Service.

Resident Council brought meal times up as an issue/ Residents were feeling rushed, line ups were long, meals were done in two shifts, and some residents ate on the unit. It was not known why some residents chose not to eat in the dining room. There were no meal choices available (one entrée available), and residents often do not have time to eat. The dining room was closed to residents between meals, and it did does not provide a home-like atmosphere.

Working with the residents, family members and staff from both the Herb Bassett Home and food services, the RPIW team made several changes. This included:

- Changing dining room times to allow residents to arrive anytime between 11:30 a.m.–12:30 p.m. for lunch service and 4:30–5:30 p.m. for supper service.
- Develop standard work to ensure each resident that has attended a meal sitting is recorded and to ensure individuals are following their diet plan.

Progress in 2014-2015

- Have dining room open throughout the day to allow residents access for coffee/tea.
- Provide a full menu of options for residents when entering dining room

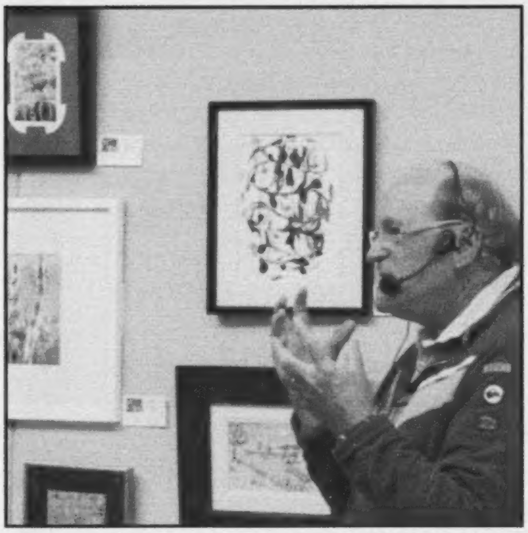
The results have greatly improved resident satisfaction, and if the results are maintained through the next audit period in April 2015, it will be considered a key accomplishment.

- RPIW #32—Eliminate defect of missing personal laundry for residents in the Herb Bassett Home.

There was a defect in the routing of residents' laundry at the Herb Bassett Home long-term care facility. Five items per day of residents' laundry was incorrectly placed in the North Sask Regional Laundry Service Bag. The clothing was eventually returned but after a lengthy wait. There was no consistency in placing the clean clothes in the resident's room causing misplaced clothes. The laundry bins were not consistently placed, making it easy for clothes to be placed in inappropriate bins. Missing laundry causes emotional stress on the residents. Searching for lost clothes interrupted Laundry Service Worker and Continuing Care Aides' daily work. Cluttered dirty service room was untidy and not pleasant to see from visitors and residents perspective.

During the RPIW week, the team worked with staff members to implement several changes, including:

- The laundry bin lids have been color-coded and placed in a consistent order with the garbage bin (black lid) in the middle separating the personal laundry bin (blue lid).
- Work standards were created for placing clean clothes on the delivery cart, for labeling clothing, and for communicating to the laundry service by email when changes regarding room change, admission, or death notification.
- Families and Residents have received information regarding the new process and importance of updating the clothing list upon admission.
- Dirty service room was organized by improving the placement of necessary items and removing obsolete, unused, and unnecessary items.


Fred Bahr discussed his assessment of items up for bid at the 2014 Special Care Home Week Art Gala auction at the Parkland Integrated Health Centre in September 2014.

Auditing for this RPIW began in March 2015, and showed mixed results between the three units at Herb Bassett Home. Further staff training is expected to help address the challenges and ensure personal laundry is handled appropriately.

Mental Health inpatient

- RPIW #31—Improve discharge readiness for the Mental Health inpatient unit – non-group home residence.

Care planning in the Mental Health Inpatient Unit had care plans incomplete, and staff were not always following the care plan once it was created. During the RPIW week in February 2015, the team helped develop a structured communication process, and helped identify clarity around role and responsibility. The audits for this RPIW will begin in April 2015, and focus the preparation and follow-up of care plans.

- RPIW #33—Improve the discharge planning process for patients on Level 6 at Victoria Hospital.

Progress in 2014-2015

>> Better Care

There was ineffective or a lack of communication between providers and patients/families. Patients were often confused as to who their care team was and who did what. There was poor communication and education, and many nurses and doctors did not know what it meant or how to use the Patient Status at a Glance board.

During the February 2015 event, the RPIW team helped in the initiation of daily bedside rounds Monday to Friday with Nurse, Patient Care Coordinator and patient/family. Bedside boards were placed in every patient room along with a "Key to your care guide" (defines who's who for patients)". Visual controls were developed for nursing and for doctors to explain the D-Minus System and Patient Status at a Glance (PSAG).

As of the March 2015 audit, the daily rounds were continuing; however, there remained challenges with the information and use of the PSAG reports.

uttle Service
306)-764-4777

Cathleen Lesparance, left, Dental Health Educator, provides service to a family at one of Public Health Services' mobile clinics in August 2014. The mobile clinics go to different locations in the City of Prince Albert to provide childhood immunizations and dental health check-ups.

Progress in 2014-2015

>> Better Value

Better Value Strategy: Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

As part of measuring the achievement of this overall strategy of improving value for Saskatchewan residents, the Ministry of Health set the two priority outcomes for the health-care system to achieve. Within those three priority outcomes are five-year improvement targets.

Prince Albert Parkland did not have a specific Hoshin priority for Better Value. The RHA undertook several initiatives to ensure achieve the best value for money. This includes working with 3sHealth and other provincial partners in the development and implementation of shared services, as well as a focused effort on reducing cost associated to overtime and sick time.

By March 2017, as part of multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth rate by 1.5 per cent per year.

Related Five-year Improvement Targets

- By March 2015, shared services will achieve measurable improvements in quality while achieving $100 million in cumulated savings.
- By March 2015, the 2014-15 approved business cases for shared services will be presented for feedback and implemented once a final decision is made and an implementation plan is in place.

The Prince Albert Parkland Regional Health Authority works with the Ministry of Health, other Regional Health Authorities, the Saskatchewan Cancer Agency and 3sHealth to achieve goals for shared services. This includes representatives on the various business cases development and implementation teams.

3sHealth provides province-wide shared services to support Saskatchewan's healthcare system. Working together with our partners, 3sHealth finds innovative solutions to complex problems to help create a sustainable system for future generations. Patients and their families are at the centre as the partners work to improve quality and ensure patient safety.

Shawn Phaneuf, left, Nursing Unit Manager for Ambulatory Care, Dialysis and Chemotherapy, and Xname Miriam Thomas , patient representative, work on one model for the design of the ambulatory care department during the second 3P event for planning of the Victoria Hospital redevelopment. The event was held in January 2015.

3sHealth shared services include payroll processing and employee benefits administration for over 42,000 healthcare system employees, as well as joint contracting for goods and services. 3sHealth identifies and provides new shared service opportunities to support better health, better care, better value, and better teams.

In 2014-15, 3sHealth developed five values that guide the work, priorities, and interactions with clients and stakeholders. They are:

- Collaboration
- Innovation
- Integrity and trust
- Transparency
- Bold and courageous leadership

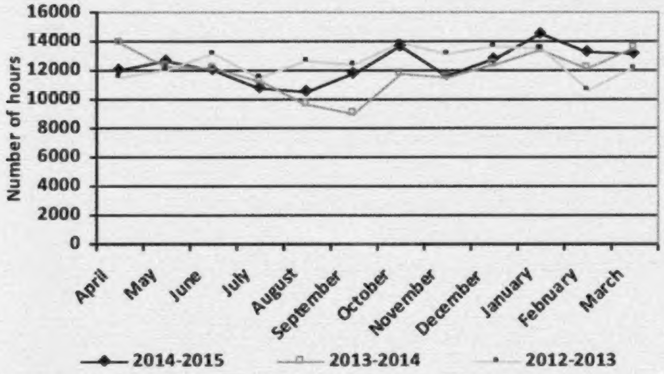
Progress in 2014-2015

Better Value

In alignment with those values and together with the health regions and Saskatchewan Cancer Agency, 3sHealth celebrated the following key achievements in 2014-15:

- Surpassed its five-year cost savings goal of $100 million for the health-care system, saving over $110 million through collaboration and innovation in provincial contracting, linen savings, and other initiatives.
- Completed, in partnership with Regina Qu'Appelle Health Region and Wascana Rehabilitation Centre, a lean replication event that improved linen handling and inventory management in long-term care units.
- Worked with provincial contracting partners to create a product issue reporting process, ensuring safe, high-quality products are available for patient care across the healthcare system.

Chart 11: Prince Albert Parkland RHA sick time hours by month



Prince Albert Parkland Human Resources data

- Explored improvement opportunities in areas such as transcription services, the provincial supply chain, environmental services, medical laboratory services, medical imaging services, enterprise resource management, and enterprise risk management, focusing on the ways the system can work together to implement solutions that improve care for patients and their families.

3sHealth thanks its partners for their ongoing commitment to improving healthcare in Saskatchewan. 3sHealth looks forward to continuing the work in 2015-16 and making healthcare better together.

Prince Albert Parkland, in partnership with 3sHealth, has developed a transition plan for a new linen supply services. 3sHealth has signed a contract with K-Bro Linen. The linen system will be standardized across the province, with the most significant changes in Prince Albert Parkland coming at the Victoria Hospital in the fall of 2015. Once the transition occurs, the Victoria Hospital will be switching to a true exchange cart system which means that a cart of linen will be delivered to each area and the cart is used as the "shelving unit." Linen is not taken off the shelves and put on shelves in a linen room.

As a partner in North Sask Laundry Services, Prince Albert Parkland will be working with its partners to wind the organization down after it ceases operations in the fall of 2015.

- By March 31, 2015 we will have spent one per cent less on straight time worked hours and premium hours than in 2013-14, resulting in approximately $20 million in savings to the system.

High sick time usage combined with ongoing vacancies and lack of relief staff has resulted in the Prince Albert Parkland RHA not meeting the target of reducing premium hours and the accompanying salary costs.

The RHA had set a target to reduce sick time hours by 10 per cent from 2013-2014; however, sick time hours increased by 4.1 per cent in 2014-2015. (See Chart 11, Page 30)

Ongoing vacancies and lack of relief staff in a number of 24/7 programs, particularly rural long-term facilities and all acute care sites, create cost pressures. Year to date wage driven premium dollars (WDP) have increased 12.7 per cent over the 2013-2014 year. (See Chart 12, Page 31)

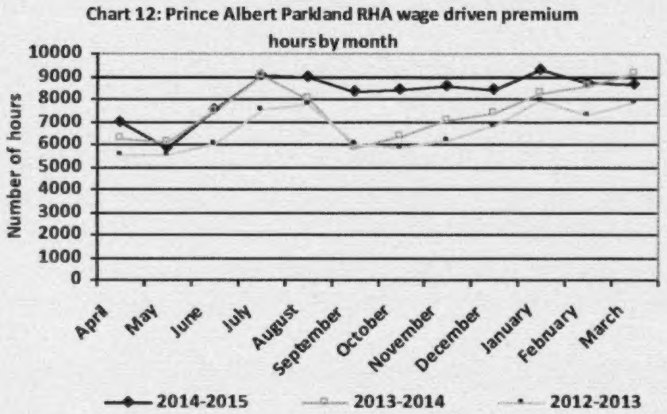
Progress in 2014-2015

Better Value

Acute care overcapacity is a cost driver and is resulting in an overage in FTE as well as contributing to increasing wage driven premiums. The Average Daily Census at the Victoria Hospital for 2014-2015 was 130.50 or 97.4 per cent of capacity.

An organizational wellness plan "Healthy, Happy & Here" was put in place September 1, 2013. From September 1 to March 31, 2014 Prince Albert Parkland experienced a 6.12 per cent decrease in the number of sick hours from the same period in 2012-2013. The RHA has not been successful in sustaining these gains in 2014-2015, and work to strengthen this program and work with individuals struggling to attend work on a regular basis continues.

Chart 12: Prince Albert Parkland RHA wage driven premium hours by month



Prince Albert Parkland Human Resources data

Overtime approval process was put in place February 2014. Reporting is required to determine the reasons the RHA is incurring WDPs. Analysis of the results will allow the RHA to address the root cause of overtime.

The financial and safety impacts of running at an average of 97.4 per cent of capacity at the regional hospital must be considered. The RHA will need to seriously consider restricting the number of patients accepted when in an overcapacity position.

A review of straight time schedules compared to baseline budget in departments struggling to meet budget is being done to ensure straight time staffing schedules are appropriate.

The new wellness plan requires a two-call process where employees are to inform their manager they will not be at work, then inform the Organizational Wellness Consultant who will determine if medical back up for the absence will be required. The consultant is reviewing results for patterns and investigating whether the absence coincides with a denied request for leave. During 2014-2015 work began with supervisors to address employees who struggle to keep sick time within the targeted range as well as those with patterns of sick time usage.

A value stream map was done for current and future state relief recruitment and retention. Pilot sites were determined to calculate number of relief staff required to fill leaves at straight time. Also, the RHA's scheduling unit has begun to contact prospective employees to indicate there are relief positions available when the employees do not receive offers on full-time or part-time positions.

By March 2017, all infrastructures (information technology, equipment and facilities) will integrate with provincial strategic priorities, be delivered within a provincial plan and adhere to provincial standard work.

Related Five-year Improvement Targets

- By March 31, 2015 equipment and facility renewal planning processes will be developed to ensure a coordinated and integrated provincial approach.

The Prince Albert Parkland Regional Health Authority has undertaken two major facility renewal projects in the past few years. This includes the replacement of the Shellbrook Hospital and Parkland Terrace long-term facility with the new Parkland Integrated Health Centre. This facility opened in June 2013. It replaced the 34 long-term care beds and 20 acute care beds, and also provides space for community-based programs such as Home Care and Public Health.

Progress in 2014-2015

>> Better Value

The second major project was the replacement of the Pineview Terrace Lodge with a new facility in a new location near the Victoria Hospital. The new Pineview Terrace has five houses of 12 beds each. The 60 beds is an increase of 26, and following the opening in June 2014 the additional capacity has assisted the RHA in managing wait times. The new beds in the City of Prince Albert helps address the community's need for long-term care spaces.

The RHA has also received funding ($2 million in 2013-2014) for planning the redevelopment of the Victoria Hospital. A series of 3P events (production preparation process) started in March 2014. 3P uses Lean principles focusing on the flows and wastes in a facility to develop an optimal design. More than 80 leaders, physicians, staff, and patient and family representatives were developing designs in the first two events. This included table-top 3D models of the space layout, as well as large scale mock-ups of, for example, patient rooms. A third event is scheduled for May 2015. The final work will be submitted to the Ministry of Health for consideration of a capital project.

Charles Lariviere, second from the right, a resident at Pineview Terrace, cuts the ribbon at the Grand Opening celebration for the new facility on November 14, 2014. He was joined by, from left, Marj Bodnarchuk, former Director of Care; Brenda Abrametz, RHA board chairperson; Honourable Greg Ottenbriet, Minister of Rural and Remote Health; Rick Nolan, Mayor of Paddockwood; and Mide Seyi-Ajayi, current Director of Care.

Progress in 2014-2015

>> Better Teams

Better Teams Strategy: Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers

As part of measuring the achievement of this overall strategy of improving value for Saskatchewan residents, the Ministry of Health set one priority outcome for the health-care system to achieve, and within that priority outcome are five-year improvement targets.

The Prince Albert Parkland Regional Health Authority developed a strategic priority to support the provincial goal of Better Care in 2014-2015. The RHA's Hoshin is: By March 31, 2015 the provincial Suicide Prevention Framework will be presented to all sectors of the Prince Albert Parkland Health Region.

Jackie Walters, right, discusses the measurements being used to identify key areas for quality, cost, delivery, safety and morale by the Medical/Palliative (Level 5) staff at Victoria Hospital during tours held as part of the Region's Semi-Annual Review on Oct. 24-25, 2014.

Suicide is a serious public health problem that can have lasting, harmful effects on individuals, families and communities. It is an issue that is still surrounded by fear, shame and silence, but by breaking through the barrier of stigma and openly addressing the factors that contribute to suicide, we can all help to prevent it. Suicide is one of the top 10 causes of death in Canada and, among youth age 15 to 24, it is the second leading cause of death next to accidents. Suicide and mental health problems are deeply connected; it is estimated that 90 per cent of people who die by suicide were experiencing a mental health problem or illness.

The goal of suicide prevention is simple: to reduce the factors that raise the risk of suicide while increasing those factors that promote resilience. Prevention measures working to better identify mental health problems so that effective treatments and services can be accessed sooner. Improved suicide prevention requires commitment from the mental health system as a whole, along with a concerted effort by all residents of Saskatchewan.

For the five-year period of 2005-2009, the average annual rate of suicides (number per 100,000 population) in the northern half of Saskatchewan was (Vital Statistics):

- Athabasca–34.3/100,000 (average 0.73 suicides/2319 population)
- Keewatin Yatthé–61.1/100,000 (average 7.03 suicides/11,512 population)
- Kelsey Trail–13.4/100,000 (average 5.34 suicides/39, 837 population)
- Mamewetan Churchill River–20.8/100,000 (average 4.58 suicides/22,017 population)
- Prince Albert Parkland–12.1/100,000 (average 9.3 suicides/77,000 population)
- Saskatchewan overall–12.0/100,000 (average 121.76 suicides/1,014,650 population)

This suicide rate for the above RHAs is more than one and a half times the provincial suicide rate. In recent years, there have been a number of critical incidents reported within the health care system of individuals attempting suicide.

Research shows that mental illness is the most important risk factor for suicide; and that more than 90 per cent of people who commit suicide have a mental or addictive disorder. Depression is the most common illness among those who die from suicide, with approximately

Progress in 2014-2015

60 per cent suffering from this condition. No single determinant, including mental illness, is enough on its own to cause a suicide. Rather, suicide typically results from the interaction of many factors, for example: mental illness, marital breakdown, financial hardship, deteriorating physical health, a major loss, or a lack of social support.

From 2004 to 2013, there were 94 critical incidents reported across all health regions related to suicide. There were 75 in mental health and addiction services, eight in emergency departments, five in long-term care facility, four in home care, and two in general medicine units. These numbers include those clients who were seeking services from an outpatient services as well.

Karen Pellerin, left, demonstrates her hand hygiene technique to fellow Herb Basset Home (Golden Hill) staff member Pat Skauge. Skauge is one of the many hand hygiene auditors doing observations during November 2014 as part of a region-wide audit.

The goal is to have best practice of suicide screening implemented across health services within Prince Albert Parkland. From eyes of patient: "Someone heard me, I was listened to and am engaged in supportive service or no longer felt hopeless. At every handoff point within the continuum of care, I am assessed and my risk and associated care is current for where I am at that moment". Each department within the sectors will receive an education package and associated training to develop work standards to screen and support clients within their program.

As of March 31, 2015, the RHA had completed training in several clinical areas, including mental health and addiction programs. Further training and full implementation is planned for other priority clinical areas in 2015-2016, including Victoria Hospital Emergency Department.

To achieve a culture of safety, by March 31, 2020 there will be no harm to patients or staff.

Related Five-year Improvement Targets

- By March 2017, fully implement a provincial Safety Alert/Stop the Line System.
- By March 31, 2015, "Stop the Line" will be replicated in three acute care facilities in Saskatoon and one other agency/region.
- By March 2016, there will be zero shoulder and back injuries.

The Prince Albert Parkland RHA has followed lessons from the Saskatoon RHA's work in developing a Safety Alert/Stop the Line System. Prince Albert Parkland has undertaken an assessment of the RHA's preparedness for implementing the system, and will be addressing specific needs in the next fiscal year as it works with the Ministry of Health and other RHAs towards the goal of a system fully implemented by March 2017.

Prince Albert Parkland follows the provincial guidelines for reporting of critical incidents. The incidents are reviewed and recommendations made to reduce or eliminate the risk of harm to patients, long-term care residents and community clients.

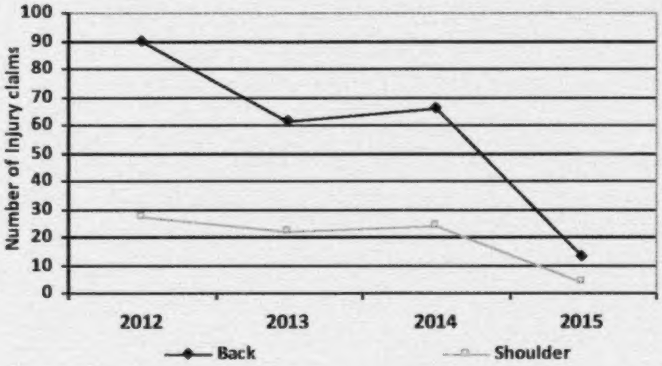
Prince Albert Parkland continues to work on reducing workplace injuries. The RHA has focused efforts where injuries were occurring most frequently. This includes ensuring staff members are up-to-date with safety training such as proper lifting techniques and use of personal protective equipment. After seeing a decline in the number of Workers' Compensation

Progress in 2014-2015

Better Teams

Board claims (Source: Saskatchewan WCB reports) from 2012-2013 (265 claims) to 2013-2014 (203 claims), Prince Albert Parkland saw an increase in the number of claims in 2014-2015 (221 claims).

Chart 13: Prince Albert Parkland RHA back and shoulder injuries



Saskatchewan Workers' Compensation Board

The RHA must focus efforts on reducing musculo-skeletal injuries (Chart 13, Page 35), as well as injuries related to blood and body fluid exposure. While the RHA did see an increase in injury claims, there were success stories within some facilities and programs that had no WCB injury claims. This includes Evergreen Health Centre in Leoville (second year in a row), the Environmental Services night shift at Victoria Hospital, and the Victoria Hospital Intensive Care Unit/Post-Anesthetic Care Unit.

Prince Albert Parkland has done other work to specifically address patient safety concerns. This includes Mistake Proofing Projects in several different programs. In 2014-2015, Mistake Proofing Projects included:

- Best Possible Medication History (BPMH) for all Emergency Department patients—while the percentage has improved throughout the 2014-2015 fiscal year, further work will be required in the 2015-2016 fiscal year to ensure the target is met.
- Eliminating defects in wound packing on Victoria Hospital Level 4 (surgical unit)—While the percentage has improved throughout the 2014-2015 fiscal year, further work will be required in the 2015-2016 fiscal year to ensure the target is met. This includes ensuring a record of all wound packing used is consistently.

Prince Albert Parkland RHA teamed up with Prince Albert's Fresh Air Experience to offer cross-country ski and sno-shoe lessons in December 2014.

Financial Overview

The Prince Albert Parkland Regional Health Authority had an operating deficit of $531,703 for the year ended March 31, 2015. The deficit increased to $1,575,328 after required transfers to capital for long term care reserves, mortgage payments, parking equipment purchases and energy performance loan payments.

There were a variety of factors that resulted in the deficit; however, the common theme is related to the cost of staffing for safe patient care.

The Victoria Hospital averaged 97.7 per cent of capacity. While that average daily census is a cause for concern, the challenge was more extreme for adult inpatient units. The surgical unit (Level 4) had an average of 31.7 patients in a ward with 33 beds. The medical/palliative (Level 5) unit had an average of 34.7 patients in a ward with 34 beds. The medical unit (Level 6) had an average of 33 patients in a ward with 32 beds (Table 4, Page 22). The high average meant that surges in the number of patients required additional staff to ensure safe patient care.

The extra staff were often brought in at overtime as the RHA has struggled to recruit and retain adequate relief or casual employees. New relief or casual employees were often filling vacant positions (many temporary for leaves such as maternity), rather than being available to work the extra shifts as part of a regular shift.

The RHA's expenditures were over budget $6,258,522 for the fiscal year. Compensation - Other Compensation Benefits is over budget by $1,056,736. Compensation - Salaries is over budget $2,879,934. The region ran 35.55 FTE in excess of budget in 2014-2015 which partially explains the variance in salaries. Purchased salaries are over budget $853,129 due to the decision to fill vacancies with contract nurses to reduce overtime in those facilities where staff could not be found. Other Medical Remuneration and Benefits is over budget $1,097,486. Additional funding was provided for an additional seven-hour shift each day in the Victoria Hospital Emergency Department, which accounts for a portion of this variance. There were also funded but not budgeted increases to Emergency Physician rates during the year. The RHA was over budget on physician services for diagnostic imaging with increased volumes of Computerize Tomography (CT) scans.

Some of the over budget for compensation was also due to the new collective agreement for members of the Canadian Union of Public Employees (CUPE). This agreement was signed during the fiscal year, with increases not included in the original budget. Funding was provided by the Ministry of Health to cover the increases and the retroactive pay going back to April 1, 2013.

Total operating revenue was over budget $4,682,464 for the fiscal year. Deferred Revenue recognized was $980,164 higher than budgeted. Deferred Revenue plans are often determined or approved after the annual budget is complete resulting in the budget for this revenue being lower than actual. Special Payments have a positive variance of $3,100,918, with a portion of this variance made up of additional funding for the CUPE contract and $529,398 in funding to cover higher rates of pension contributions for SHEPP.

Special payments include $314,000 in funding that flows through the RHA to cover increases in the North Sask Laundry CUPE contract, which included a retroactive payment. The RHA also received special funding of $340,000 to support the Ministry of Health's emergency department waits and patient flow initiative. Increased Diagnostic Imaging volumes also resulted in special funding of $434,000 this fiscal year.

Supportive care fees are under budget $312,162. The original budget had the 26 additional beds in the new Pineview Terrace facility for a full year, while residents were not moved to the new facility until June 2014 and the number of residents was increased slowly to full capacity

Financial Overview

by early November. Supportive care fees were also affected by the decision to leave 12 beds vacant in a rotational basis at the Herb Basset Home to perform necessary renovations.

Out of Province Reciprocal Revenue was over budget $297,651 for the year. The budget for this line has been reviewed for the new fiscal year. Other revenue is over budget $322,247for the year. During the year two WCB refunds for previous years were received totaling $404,977 through the work of an external contractor.

The RHA's major risk for avoiding future deficits are:

- Unconfirmed costs associated with shared services implementation
- The use of overtime for relief staffing (relief staffing at straight time is not a risk)
- Continued high use of sick time

Prince Albert Parkland's board of directors and management team is committed to achieving operating surpluses. Without operating surpluses, there is little flexibility to address future program, equipment and facility needs.

Chart 14: Prince Albert Parkland RHA revenues by source 2014-2015 actual

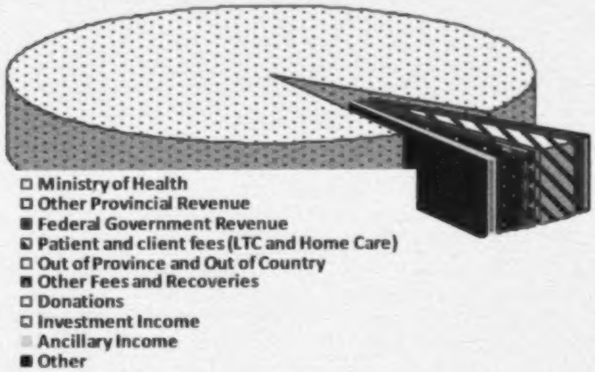
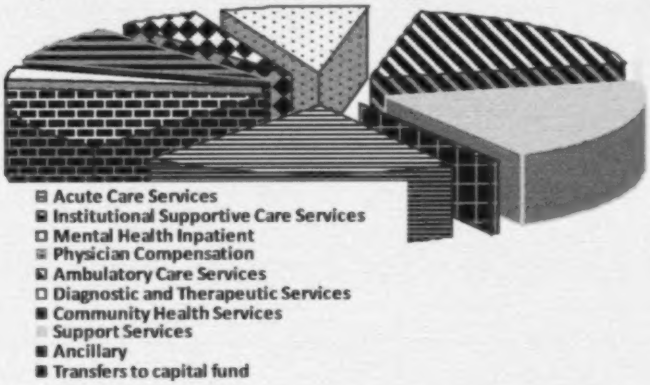


Chart 15: Prince Albert Parkland RHA expenditures by program area 2014-2015 actual



Management Report

Management's Responsibility

To the Saskatchewan Ministry of Health

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards for government not-for-profit organizations and ensuring that all information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In accordance with instructions from the Saskatchewan Ministry of Finance, the Prince Albert Parkland Regional Health Authority has reported 24.7% of total construction costs for the Herb Bassett Home addition as a capital asset.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors is composed entirely of Directors who are neither management nor employees of the Regional Health Authority. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for the appointment of the Regional Health Authority's external auditors.

MNP LLP is appointed by the Board of Directors to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

May 27, 2015

Cécile Hunt
Chief Executive Officer

Vice President of Finance

Auditor's Report

Independent Auditors' Report

To the Board of Directors of Prince Albert Parkland Regional Health Authority:

We have audited the accompanying financial statements of Prince Albert Parkland Regional Health Authority, which comprise the statement of financial position as at March 31, 2015 and the statements of operations, changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall financial statement presentation.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

A co-ownership agreement dated January 30, 2013 has been signed by the Province of Saskatchewan, represented by the Ministry of Health ("MOH") and the Prince Albert Parkland Regional Health Authority ("RHA") whereby an addition to the existing Herb Bassett long-term care home is co-owned 75.3% by the MOH and 24.7% by the RHA. The cost of this development has been accounted for as a government partnership and a tangible capital asset equal to a 24.7% share of the construction costs has been recorded as a capital asset. Based on the economic substance of the arrangement, Canadian Public Sector Accounting Standards require that 100% of the costs be reported as a capital asset. As a result, capital assets and fund balances invested in capital assets as at March 31, 2015 are understated by $17,498,200, grant revenue of the capital fund for the year ended March 31, 2015 is understated by $1,054,918, amortization expense is understated by $36,577 and opening capital fund balances are understated by $16,479,859.

Qualified Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly in all material respects the financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2015 and the results of its operations, changes in fund balances and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Prince Albert, Saskatchewan

May 27, 2015

MNP LLP
Chartered Accountants

101 - 1061 Central Avenue, Prince Albert, Saskatchewan, S6V 4V4, Phone: (306) 764-6873, (855) 667-3310

Audited Financial Statements

Statement 1 **STATEMENT OF FINANCIAL POSITION** **as of March 31, 2015**

		Restricted Funds			
	Operating Fund	Capital Fund	Community Trust Fund	Total March 31, 2015	Total March 31, 2014
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 7,550,561	$ 14,490,578	$ 29,753	$ 22,070,892	$ 20,075,419
Accounts receivable					
Ministry of Health - General Revenue Fund	32,504	631,128	-	663,632	5,358,982
Other	2,012,132	552,946	196	2,565,274	3,618,908
Inventory	876,169	-	-	876,169	914,722
Prepaid expenses	1,119,286	-	-	1,119,286	902,185
	11,590,652	15,674,652	29,949	27,295,254	30,870,217
Long Term Receivables (Note 3)	-	-	549,663	549,663	650,889
Investments (Schedule 2)	-	-	-	-	-
Capital assets (Note 4)	-	89,682,034	-	89,682,034	90,740,426
Total Assets	$ 11,590,652	$ 105,356,686	$ 579,612	$ 117,526,951	$ 122,261,532
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 6,466,405	$ 652,632	$ -	$ 7,119,037	$ 10,420,561
Other Payable - Prince Albert Grand Council	180,848	-	-	180,848	180,848
Accrued salaries	3,769,520	-	-	3,769,520	7,013,360
Vacation payable	12,351,959	-	-	12,351,959	11,822,767
Bank Loan payable - Current (Note 6)	-	199,000	-	199,000	189,000
Mortgages payable – Current (Note 6)	-	558,923	-	558,923	534,309
Deferred Revenue (Note 7)	4,778,932	-	-	4,778,932	5,705,667
	27,547,665	1,410,555	-	28,958,220	35,866,512
Long term liabilities					
Bank Loan Payable (Note 6)	-	3,382,000	-	3,382,000	3,581,000
Mortgages payable (Note 6)	-	4,112,935	-	4,112,935	4,672,581
Employee future benefits (Note 11)	5,819,500	-	-	5,819,500	5,771,400
Total Liabilities	33,367,165	8,905,490	-	42,272,655	49,891,493
Fund Balances:					
Invested in capital assets	-	81,429,176	-	81,429,176	81,763,536
Externally restricted (Schedule 3)	-	8,210,856	579,612	8,790,469	6,004,447
Internally restricted (Schedule 4)	-	6,811,163	-	6,811,164	4,803,241
Unrestricted	(21,776,513)	-	-	(21,776,513)	(20,201,185)
Fund balances – (Statement 3)	(21,776,513)	96,451,196	579,612	75,254,296	72,370,038
Total Liabilities & Fund Balances	$ 11,590,652	$ 105,356,686	$ 579,612	$ 117,526,951	$ 122,261,532

Contractual Obligations (Note 5)
Asset Retirement Obligations (Note 5)
Pension Plan (Note 11)

Approved by the Board of Directors:

B.R. Abrametz

DJ Cole

The accompanying notes and schedules are part of these financial statements.

Audited Financial Statements

Statement 2 **STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES** **as of March 31, 2015**

	Operating Fund			Restricted			
	Budget 2015 (Note 12)	2015	2014	Capital Fund 2015	Community Trust Fund 2015	Total 2015	Total 2014
REVENUES							
Ministry of Health - general	$ 208,624,532	$ 212,779,404	$ 208,127,529	$ 6,526,405	$ -	$ 6,526,405	$ 3,534,445
Other provincial	1,663,210	1,393,916	1,574,875	-	-	-	-
Federal government	372,265	506,459	486,485	-	-	-	-
Patient & client fees	7,264,893	6,999,716	6,873,522	-	-	-	-
Out of province (reciprocal)	630,640	928,291	1,055,263	-	-	-	-
Out of country	100,000	51,789	134,541	-	-	-	-
Donations	53,000	37,448	44,212	723,805	-	723,805	1,087,698
Ancillary	1,313,358	1,218,969	1,216,784	-	-	-	-
Investment	98,860	169,937	99,233	92,881	1,527	94,408	118,853
Recoveries	4,241,760	4,636,805	4,216,715	32,720	-	32,720	1,174,228
Research grants	-	-	-	-	-	-	-
Other	166,900	489,147	47,627	2,098,555	-	2,098,555	267,550
Total revenues	**224,529,418**	**229,211,882**	**223,876,785**	**9,474,366**	**1,527**	**9,475,893**	**6,182,773**
EXPENSES							
Inpatient & resident services							
Nursing Administration	4,486,777	4,751,036	4,720,441	547,802	-	547,802	583,847
Acute	39,639,837	42,651,649	42,087,486	2,543,451	-	2,543,451	1,817,945
Supportive	35,085,632	37,496,520	35,583,222	839,628	-	839,628	691,790
Integrated	-	-	-	-	-	-	-
Rehabilitation	-	-	-	-	-	-	-
Mental health & addictions	5,959,733	6,118,781	5,686,110	5,853	-	5,853	11,759
Total inpatient & resident services	**85,171,979**	**91,017,985**	**88,077,259**	**3,936,734**	-	**3,936,734**	**3,105,341**
Physician compensation	**21,166,421**	**21,659,189**	**21,455,796**	**687**	-	**687**	**687**
Ambulatory care services	**11,222,216**	**11,779,037**	**11,602,464**	**191,836**	-	**191,836**	**193,640**
Diagnostic & therapeutic services	**20,289,589**	**20,003,727**	**19,817,658**	**460,893**	-	**460,893**	**602,335**
Community health services							
Primary health care	3,510,290	3,150,526	2,964,439	3,562	-	3,562	4,004
Home care	12,679,698	12,347,275	11,503,054	18,398	-	18,398	18,437
Mental health & addictions	13,462,676	12,496,739	12,524,136	331,644	-	331,644	108,198
Population health	7,702,572	7,514,794	7,427,412	59,369	-	59,369	62,938
Emergency response services	4,312,584	4,316,911	4,274,986	143,204	-	143,204	141,801
Other community services	280,118	347,486	327,564	-	-	-	-
Total community health services	**41,947,938**	**40,173,731**	**39,021,591**	**556,177**	-	**556,177**	**335,378**
Support services							
Program support	11,234,835	10,944,534	10,177,246	50,633	-	50,633	235,210
Operational support	31,518,316	33,248,043	32,388,634	551,363	-	551,363	546,567
Other support	456,460	376,570	384,272	184,773	71,542	256,315	231,726
Employee future benefits	-	48,100	8,800	-	-	-	-
Total support services	**43,209,610**	**44,617,247**	**42,958,951**	**786,769**	**71,542**	**858,311**	**1,013,504**
Ancillary	477,310	492,668	490,634	55,294	-	55,294	50,369
Total expenses (Schedule 1)	223,485,063	229,743,585	223,424,353	5,988,391	71,542	6,059,933	5,301,254
Excess (deficiency) of revenues over expenses	**$ 1,044,355**	**$ (531,703)**	**$ 452,432**	**$ 3,485,975**	**$ (70,015)**	**$ 3,415,960**	**$ 881,520**

The accompanying notes and schedules are part of these financial statements.

Audited Financial Statements

Statement 3 **STATEMENT OF CHANGES IN FUND BALANCES** **as of March 31, 2015**

2015	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2015
Fund balance, beginning of year	$ (20,201,186)	$ 91,777,980	$ 793,244	$ -	$ 72,370,038
Excess (deficiency) of revenues over expenses	(531,703)	3,485,975	(70,014)	-	2,884,258
Interfund transfers (Note 14)	(1,043,625)	1,187,240	(143,615)	-	-
Fund balance, end of year	$ (21,776,514)	$ 96,451,196	$ 579,614	$ -	$ 75,254,296

2014	Operating Fund	Capital Fund	Community Trust Fund	Total 2014
Fund balance, beginning of year	$ (19,545,907)	$ 89,762,832	$ 819,160	$ 71,036,085
Excess (deficiency) of revenues over expenses	452,432	907,437	(25,917)	1,333,953
Interfund transfers (Note 14)	(1,107,710)	1,107,710	-	-
Fund balance, end of year	$ (20,201,186)	$ 91,777,980	$ 793,244	$ 72,370,038

The accompanying notes and schedules are part of these financial statements.

Statement 4 **STATEMENT OF CASH FLOW** **as of March 31, 2015**

	Operating Fund		Restricted Fund			
	2015	2014	Capital Fund	Community Trust Fund	Total 2015	Total 2014
Cash Provided by (used in):						
Operating activities:						
Excess (deficiency) of revenue over expenditure	$ (531,703)	$ 452,432	$ 3,485,975	$ (70,015)	$ 3,415,960	$ 881,520
Net change in non-cash working capital (Note 8)	(931,202)	491,915	(393,258)	101,315	(291,943)	(82,740)
Amortization of capital assets	-	-	5,501,586	-	5,501,586	4,615,082
Investment income on long-term investments	-	-	-	-	-	33,484
(Gain)/loss on disposal of capital assets	-	-	(1,752,268)	-	(1,752,268)	-
	(1,462,905)	944,347	6,842,035	31,300	6,873,335	5,447,345
Capital activities:						
Purchase of capital assets						
Buildings/construction	-	-	(844,318)		(844,318)	(160,275)
Equipment	-	-	(1,173,429)	-	(1,173,429)	(1,353,533)
Construction In Progress	-	-	(2,703,676)	-	(2,703,676)	(6,239,365)
Land and Leasehold improvements	-	-	(23,532)	-	(23,532)	(11,183)
Proceeds/(Cost) on disposal of capital assets						
Buildings/construction	-	-	2,054,029	-	2,054,029	
Equipment	-	-	-	-	-	(21)
	-	-	(2,690,925)	-	(2,690,925)	(7,764,377)
Financing activities:						
Repayment of debt	-	-	(724,032)	-	(724,032)	(688,723)
Net increase (decrease) in cash & short term investments during the year	(1,462,905)	944,346	3,427,078	31,300	3,458,378	(3,005,753)
Cash & short term investments, beginning of year	10,057,090	10,220,454	9,876,260	142,069	10,018,329	11,916,372
Interfund transfers (Note 14)	(1,043,625)	(1,107,710)	1,187,240	(143,615)	1,043,625	1,107,710
Cash & short term investments, end of year (Schedule 2)	$ 7,550,561	$ 10,057,090	$ 14,490,578	$ 29,753	$ 14,520,332	$ 10,018,329

1. Legislative Authority

The Prince Albert Parkland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prince Albert Parkland Health Region, under section 27 of The Act. The Prince Albert Parkland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Chartered Professional Accountants (CPA) of Canada, except as explained below. The RHA has adopted the standards for government not-for- profit organizations,set forth at PSA Handbook section PS 4200 to PS 4270. The RHA has also adopted section PS 3260, Liability for Contaminated Sites, as further explained in Note 17.

During the 2012-13 fiscal year, the RHA entered into shared ownership arrangements with the Ministry of Health for certain capital projects. Following the direction of the Ministry of Health, as set out by the Ministry of Finance the RHA recorded its proportionate ownership interest in tangible capital assets rather than the full cost of the capital project. The accounting for this capital project constitutes a departure from Canadian public sector accounting standards.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Cooperative Health
Family Futures
Prince Albert Mobile Crisis Unit
PA Early Childhood Intervention

Blaine Lake Ambulance
Parkland Ambulance
Spiritwood Ambulance
S.H.A.R.E

Note 10b (i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated (and is a registered charity under *The Income Tax Act* of Canada):

Mont. St Joseph Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10b (ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act of Canada*.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.

These financial statements do not include the financial activities of the foundation. Alternatively, Note 10b (iii) provides supplementary information on the foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

c) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land improvements and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined.

Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

g) Employee future benefits

i) Pension Plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end.

The Statement of Remeasurement Gains and Losses was not prepared as at March 31st 2015, as such gains and losses did not occur during the year. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long-term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchase of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2015 (2014 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation (SHC). Schedule 4 shows the changes in these reserve balances during the year.

k) Volunteer Service

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

3. Long-Term Receivable

Community Trust:

The Kinistino and District Health Foundation Inc. and the Birch Hills and Area Health Care Foundation Inc. hold the pre-amalgamation funds on behalf of the RHA. The amounts that are held in these funds are listed below.

	2015	2014
Kinistino and District Health Foundation Inc.	$ 549,663	$ 549,663
Birch Hills and Area Health Care Foundation Inc.	-	101,226
	$ 549,663	$ 650,889

4. Capital Assets

	March 31, 2015			March 31, 2014
	Cost	Accum Amortization	Net Book Value	Net Book Value
Land	$ 1,820,699	$ -	$ 1,820,699	$ 1,895,467
Land Improvements	2,374,861	1,089,837	1,285,024	1,440,446
Buildings	129,552,664	55,234,031	74,318,633	71,579,720
Equipment	37,668,157	31,089,375	6,578,782	7,132,619
Construction in progress	5,678,897	-	5,678,897	8,692,174
	$ 177,095,278	$ 87,413,244	$ 89,682,034	$ 90,740,426

5. Contractual Obligations

a) Capital Asset Acquisitions

At March 31, 2015, contractual obligations for acquisition of capital assets were $138,314 (2014 – $437,704)

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2016	$1,341,617
2017	1,248,808
2018	1,093,785
2019	1,031,524
2020	1,021,093

c) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2015 will continue to be contracted for the following fiscal year. Note 10 b) provides supplementary information on Health Care Organizations.

6. Mortgages Payable

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding 2015	Balance Outstanding 2014
Birchview Nursing Home CMHC, due December 1, 2018	1.30%	$94,562 principal & interest of which $22,301 was subsidized by SHC. Effective March 1, 2015, no subsidy payments will be received. Mortgage renewal date – December 1, 2018	$ 326,735	$ 405,470
Evergreen Health Centre CMHC, due September 1, 2023	1.12%	$51,149 principal & interest of which $12,019 was subsidized by SHC. Effective March 1, 2015, no subsidy payments will be received. Mortgage renewal date – February 1, 2020	364,133	398,987
Hafford & District Nursing CMHC, due February 1, 2030	10.00%	$26,719 principal & interest, with an amount of $13,022 forgivable at $873 per year over the life of the mortgage if regular payments are made. $4,991 is subsidized directly by SHC – Mortgage renewal date – February 1, 2030.	222,437	229,194
Idylwild Lodge CMHC due June 1, 2020	4.69%	$122,699 principal & interest of which $33,035 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016.	570,608	664,410
Jubilee Lodge CMHC, due November 1, 2020	4.32%	$55,261 principal & interest of which $15,045 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2016.	277,445	319,832
Jubilee Lodge Rental Units CMHC, due May 1, 2015	5.125%	$11,341 principal & interest.	1,857	12,801
Lakewood Lodge CMHC, due September 1, 2021	4.69%	$108,777 principal & interest of which $29,437 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016.	609,222	687,699
Jubilee Lodge **(Previously Parkland Terrace)** CMHC, due April 1, 2027	8.00%	$43,944 principal & interest, with an amount of $20,475 forgivable at $1,694.64 per year over the life of the mortgage if regular payments are made. Note in 2014-15 Parkland Terrace was moved to Jubilee Lodge to allow for the sale of Parkland Terrace. Mortgage renewal date – April 1, 2027.	362,744	380,743
Rabbit Lake Health Centre CMHC, due September 1, 2021	1.12%	$43,130 principal & interest of which $10,141 was subsidized by SHC. Effective March 1, 2015, no subsidy payments will be received. Mortgage renewal date – February 1, 2020.	244,368	276,353
Wheatland Lodge CMHC, due April 1, 2026	4.69%	$99,482 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2016.	860,491	918,521
Whispering Pine Place CMHC, due July 1, 2023	4.39%	$119,187 principal & interest of which $29,756 is subsidized by SHC. Mortgage renewal date – June 1, 2015.	831,819	912,881
			4,671,858	5,206,890
Less: Current portion			558,923	534,309
			$4,112,935	$4,672,581

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgages of Idylwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years are estimated as follows:

2016	$558,923	2019	$604,258
2017	$592,999	2020	$579,121
2018	$631,258	2021 and subsequent	$1,705,299

Loan for Energy Efficiency Renovations

The RHA entered into a loan agreement with the Royal Bank of Canada to fund energy efficiency enhancements throughout the region. The balance owing at March 31st, 2015 was $3,581,000 (2014, $3,770,000). The loan bears a blended interest rate of 5.03% (3.99% fixed rate). The terms of the loan require monthly principal and interest payments of $31,140.

Principal repayments required in each of the next five years are estimated as follows:

2016	$199,000	2019	$232,000
2017	$209,000	2020	$244,000
2018	$220,000	2021 and subsequent	$2,477,000

7. Deferred Revenue

As at March 31, 2015	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health - General Revenue Fund	$ -	$ -	$ -	$ -
Autism Intervention Training	14,359	-	-	14,359
Autism Spectrum Disorders Services	512,257	168,122	-	344,135
Bursaries	25,000	31,000	25,000	19,000
Cognitive Disabilities Coordinator	12,455	-	-	12,455
Compensation	-	-	640,989	640,989
Dental Intiative	61,546	23,171	-	38,375
Emergency Ward Mental Health Issues	15,000	11,068	-	3,932
Epidemiological Monitoring	50,000	50,000	-	-
Family Treatment Centre	318,182	-	-	318,182
Fetal Alcohol Spectrum Disorder	10,000	10,000	-	-
Healthy Weights Monitoring	8,000	8,000	-	-
HIV Strategy	213,179	185,900	40,000	67,279
Home First	438,054	594,513	500,000	343,541
Immunization Programs	68,507	30,780	-	37,727
Infection Control	98,421	85,078	-	13,343
Integrated Case Management Training	5,812	-	-	5,812
MH Approved Home Training	3,000	3,000	-	-
Mental Health Complex Clients	52,500	35,117	250,000	267,383
Mental Health Home Enhancements	323,731	323,731	-	-
Nursing Mentorship	37,749	37,749	-	-
Pandemic	22,016	22,016	-	-
Primary Care	764,588	176,909	-	587,679
Problem Gambling	5,000	-	-	5,000
A & D Initiatives	675,561	304,605	-	370,956
Safe Needle Cleanup	28,185	28,185	-	-
Safety Training	38,444	27,633	-	10,811
Surgical Initiatives	100,000	100,000	-	-
Urgent Care - Eden Training	39,001	39,001	-	-
Total Sask Health	**$3,940,545**	**$2,295,578**	**$1,455,989**	**$3,100,956**
Non Sask Health Initiatives				
Acquired Brain Injury	$ 852,797	$ 987,582	$ 898,602	$ 763,818
Canadian Foundation for Healthcare Improvement	-	5,559	25,000	19,441
Cognitive Disabilities (Consultant)	69,166	92,483	102,797	79,480
Community Addictions	175,000	-	-	175,000
Corrections	275,596	280,696	272,000	266,900
Dental Program	61,068	-	-	61,068
Live Well	5,500	-	-	5,500
Peer Navigation Program	-	22,464	25,000	2,536
Nursing Recruitment	265,919	5,000	-	260,919
Releasing Time to Care	7,449	7,449	-	-
Other	52,627	26,457	17,146	43,315
Total Non Sask Health	**$1,765,122**	**$1,427,690**	**$1,340,545**	**$1,677,976**
Total Deferred Revenue	**$5,705,667**	**$3,723,268**	**$2,796,534**	**$4,778,932**

NOTES TO THE FINANCIAL STATEMENTS **as of March 31, 2015**

As at March 31, 2014*	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health - General Revenue Fund	$ -	$ -	$ -	$ -
Aboriginal Awareness Funding	12,365	12,365	-	-
Autism Intervention Training	14,359	-	-	14,359
Autism Spectrum Disorders Services	552,986	40,729	-	512,257
Bursaries	25,000	-	-	25,000
Cognitive Disabilities Coordinator	12,455	-	-	12,455
Dental Intiative	103,978	42,433	-	61,546
Emergency Ward Mental Health Issues	-	-	15,000	15,000
Epidemiological Monitoring	50,000	-	-	50,000
Family Physician On-Call	97,236	97,236	-	-
Family Treatment Centre	318,182	-	-	318,182
Fetal Alcohol Spectrum Disorder	40,365	30,365	-	10,000
Healthy Weights Monitoring	-	-	8,000	8,000
HIV Strategy	379,096	165,917	-	213,179
Home First	-	61,946	500,000	438,054
Immunization Programs	85,833	17,327	-	68,507
Infection Control	129,627	31,206	-	98,421
Integrated Case Management Training	5,812	-	-	5,812
MH Approved Home Training	-	-	3,000	3,000
Mental Health Complex Clients	-	10,000	62,500	52,500
Mental Health Home Enhancements	323,731	-	-	323,731
Nursing Mentorship	39,432	1,683	-	37,749
Pandemic	45,512	23,496	-	22,016
Patient Family Centred Care	10,000	10,000	-	-
Primary Care	624,537	19,949	160,000	764,588
Problem Gambling	-	-	5,000	5,000
A & D Initiatives	1,065,500	389,940	-	675,561
Quality Health Workplace	61,572	61,572	-	-
Safe Needle Cleanup	28,185	-	-	28,185
Safety Training	47,729	9,285	-	38,444
Surgical Initiatives	150,000	50,000	-	100,000
Urgent Care - Eden Training	-	35,526	74,527	39,001
Total Sask Health	**$4,223,492**	**$1,110,974**	**$ 828,027**	**$3,940,545**
Non Sask Health Initiatives				
Acquired Brain Injury	$ 603,728	$ 828,938	$1,078,007	$ 852,797
Autism (Sask Rivers)	25,000	25,000	-	-
Cognitive Disabilities (Consultant)	42,769	75,577	101,974	69,166
Community Addictions	140,000	-	35,000	175,000
Corrections	276,274	272,978	272,300	275,596
Dental Program	103,500	42,433	-	61,068
Live Well	2,500	-	3,000	5,500
Nursing Recruitment	279,258	13,339	-	265,919
Releasing Time to Care	7,449	-	-	7,449
Other	47,245	13,517	18,899	52,627
Total Non Sask Health	**$1,527,723**	**$1,271,781**	**$1,509,180**	**$1,765,122**
Total Deferred Revenue	**$5,751,215**	**$2,382,755**	**$2,337,207**	**$5,705,667**

*Some targeted fund balances have been reclassified to be consistent with the presentation as at March 31,2015

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2015	2014	Capital Fund	Community Trust Fund	Total 2015	Total 2014
(Increase) Decrease in accounts receivable	$ 4,457,490	$(4,662,512)	$ 1,291,404	$ 101,315	$ 1,392,720	$3,121,861
(Increase) Decrease in inventory	38,553	(52,183)	-	-	-	-
(Increase) Decrease in prepaid expenses	(217,101)	110,806	-	-	-	-
(Increase) Decrease in financial instruments	-	-	-	-	-	-
Increase (Decrease) in accounts payable	(1,616,862)	1,079,842	(1,684,662)	-	(1,684,663)	(3,204,601)
Increase (Decrease) in accrued salaries	(3,243,840)	4,061,504	-	-	-	-
Increase (Decrease) in vacation payable	529,192	(8,795)	-	-	-	-
Increase (Decrease) in deferred revenue	(926,734)	(45,548)	-	-	-	-
Increase (Decrease) in employee future benefits	48,100	8,800	-	-	-	-
	$ (931,202)	$ 491,914	$ (393,258)	$ 101,315	$ (291,943)	$ (82,740)

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2015 was $88,077(2014 - $140,109). These amounts are not reflected in the financial statements.

	2015	2014
Patient / resident	$ 57,835	$ 107,400
Leoville Union Hospital Pre-amalgamation	30,242	32,709
	$88,077	$140,109

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

i) North Sask Laundry:

North Sask Laundry (NSL) provides linen services mainly to RHA's in Saskatchewan. The Prince Albert Parkland RHA is a 25% shareholder of NSL and has the right to appoint one board member to the NSL Board of Directors. NSL is the only supplier of linen services to the RHA. The RHA is the landlord for the only premises operated by NSL. As such the RHA is considered to have significant influence over NSL.

NSL is a non-profit incorporated organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

	2015	2014
Accounts Receivable		
North Sask Laundry	$ 76,759	$ 42,070
eHealth Saskatchewan	29,545	39,067
WCB	108,779	88,734
	$ 215,083	$ 169,871
Accounts Payable		
eHealth Saskatchewan	$ 37,829	$ 226,800
Ministry of Central Services	249,485	58,497
North Sask Laundry	206,658	214,326
3sHEALTH	612,972	695,290
Sask Energy	87,188	95,178
Sask Power	-	125,103
Sask Tel	23,032	24,580
SHEPP	1,352,593	1,276,190
WCB	-	973,942
	$ 2,569,757	$ 3,689,906
Revenues		
Co-operative Health Centre	$ 105,525	$ 91,989
North Sask Laundry	366,963	363,063
S.G.I.	1,023,925	976,700
WCB	295,126	232,756
eHealth Saskatchewan	66,892	178,478
Kelsey Trail RHA	46,497	45,259
	$ 1,904,928	$ 1,888,245

	2015	2014
Expenditures		
Ministry of Finance	$ 82,266	$ 113,919
Ministry of Central Services	673,252	751,154
North Sask Laundry	3,044,767	2,490,760
Public Employees Pension	267,827	303,391
3sHEALTH	8,984,274	8,764,892
Sask Energy	855,213	773,067
Sask Mobility	135,143	115,011
Sask Power	1,555,501	1,505,320
Sask-Tel	333,141	438,474
SHEPP	18,897,438	17,145,646
WCB	2,363,910	2,033,171
eHealth Saskatchewan	403,490	431,287
Saskatoon RHA	96,474	24,920
	$ 37,692,696	$ 34,891,012
Pre-Paid Expenses		
Saskatoon RHA	$ 21,000	$ -
WCB	710,229	498,887
	$ 731,229	$ 498,887

* only significant/material amounts are listed in this table (greater than $20,000)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2015	2014
Canadian Mental Health Association	$ **252,802**	$ 267,447
Cooperative Health	**357,229**	357,169
Family Futures	**164,287**	177,244
Prince Albert Mobile Crisis Unit	**81,492**	80,466
Prince Albert Early Childhood Intervention	**46,095**	46,095
S.H.A.R.E.	**832,343**	783,213
Blaine Lake Ambulance	**417,278**	380,817
Parkland Ambulance	**2,744,896**	2,711,342
Spiritwood Ambulance	**1,062,852**	1,039,428
	$ **5,959,275**	$ 5,843,221

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to the affiliate:

	2015	2014
Mont St. Joseph Home Inc.	**$8,741,918**	$8,727,155

The Ministry of Health requires additional reporting in the following financial summary of the affiliate entity for the years ended March 31, for 2015 and 2014.

Mont. St. Joseph Home Inc.:

	2015	2014
Balance Sheet		
Assets	$ 744,733	$ 1,211,378
Net Capital Assets	8,844,415	9,196,483
Total Assets	$ 9,589,148	$ 10,407,861
Total Liabilities	$ 1,015,323	$ 1,708,009
Total Net Assets (Fund Balances)	8,573,825	8,699,852
	$ 9,589,148	$ 10,407,861
Results of Operations		
RHA Grant	$ 8,741,918	$ 8,727,155
Other Revenue	2,369,079	2,219,176
Total Revenue	$ 11,110,997	$ 10,946,331
Salaries & Benefits	$ 8,958,350	$ 8,265,547
Other Expenses*	2,278,674	2,588,654
Total Expenses	$ 11,237,024	$ 10,854,201
Excess (deficiency) of revenues over expenses	$ (126,027)	$ 92,130

*Other Expenses includes amortization of $524,080 (2014- $506,879)

	2015	2014
Cash Flows		
Cash from Operations	$ 370,270	$ 287,178
Cash used in Financing Activities	(609)	(3,201)
Cash used in Investing Activities	(172,012)	(499,410)
Increase (decrease) in cash	$ 197,649	$ (215,433)

*Cash used in investing activities includes capital purchases of $172,012 (2014 - $499,410)

iii) Fundraising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation (the Foundation). The Prince Albert Parkland RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $1,504,606 (2014-$1,297,129) of the foundation's net assets must be used for special purposes set out by the donors. The foundation's total expenses include contributions of $598,079 (2014 - $950,320) to the RHA.

The Foundation has not been consolidated in the RHA's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended March 31, 2015 and 2014 are as follows:

Victoria Hospital Foundation:

Balance Sheet	2015	2014
Total Assets	$ 1,376,163	$ 1,549,028
Total Liabilities	60,425	303,802
Total Net Assets (Fund Balances)	1,315,738	1,245,226
	$ 1,376,163	$ 1,549,028
Results of Operations		
Total Revenue	928,024	1,595,679
Salaries & Benefits	175,492	174,254
Other Expenses*	682,020	1,050,153
Total Expenses*	857,512	1,224,407
Excess (deficiency) of revenues over expenses	$ 70,512	$ 371,272

*Total Expenses include contributions of $598,079 (2014 - $950,320) to the Regional Health Authority and amortization of $419 (2014 - $0)

Cash Flows	2015	2014
Cash From Operations	$ (157,709)	$ 655,581
Cash Used in Financing Activity		-
Cash Used in Investing Activity*	(2,095)	-
Increase (decrease) in cash	$ (159,804)	$ 655,581

*Investing Activities includes capital purchases of $ 2,095(2014 - $0)

11. Employee future benefits

a) Pension plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the Saskatchewan Association of Healthcare Organizations (SAHO) Board of Directors).

2. Public Employees' Pension Plan (PEPP) (a related party) – This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2015			2014
	SHEPP**	PEPP	Total	Total
Number of active members	2,140	25	2,165	2,137
Member contribution rate, percentage of salary	8.10 - 10.70%*	5 - 7%*		
RHA contributions rate, percentage of salary	9.07-11.98%*	5 - 7%*		
Member contributions (thousands of dollars)	8,911	126	9,037	8,218
RHA contributions (thousands of dollars)	9,976	135	10,111	9,189

* Contribution rate varies based on employee group.

** Active members are employees of the RHA, including those on leave of absense as of March 21, 2015. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Accumulated sick leave benefit liability

The cost of accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013 with an estimated valuation to March 31, 2015. Key assumptions used as inputs into the actuarial calculation are as follows:

	2015	2014
Discount Rate	1.90%	2.50%

	2015	2014
Accumulated benefit obligation beginning of year	$ 5,771,400	$ 5,762,600
Costs for the year	930,300	933,500
Benefits paid during the year	(882,200)	(924,700)
Accumulated benefit obligation end of year	$ 5,819,500	$ 5,771,400

12. Budget

The RHA Board approved the 2015 budget plan on May 28, 2014.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk, and liquidity risk.

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2015	2014
Cash and Short-term investments	$22,070,892	$ 20,075,419
Accounts receivable		
Ministry of Health - General Revenue Fund	663,632	5,358,982
Other	2,565,274	3,618,908
Investments	-	-
	$25,299,798	$ 29,053,309

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA.The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long term bonds bearing interest at coupon rates. The RHA's mortgage payable outstanding as at March 31, 2015 and 2014 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

The RHA's investments are in minimal risk investments. Therefore the risk of interest rate fluctuations are insignificant.

e) Liquidity Risk

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities. To ensure RHA has sufficient cash on hand, RHA prepares annual capital and operating budgets and forecasts which are regularly monitored and updated as necessary. As at March 31, 2015, the RHA had current operating financial assets of $9,595,197 and current operating liabilities of $27,547,665 which represents a working capital deficit of $17,952,468 . The RHA has current restricted financial assets of $15,704,601 and current restricted liabilities of $1,410,555 which represents a working capital surplus of $14,294,046. As at March 31,2015, the RHA has complied with all restrictions placed on contributions received.

As at March 31, 2015, the RHA committed to the following operating and restricted liabilities, including principal and interest, based on the expected undiscounted cash flows from the reporting date to the contractual maturity date:

	Carrying amount	Due within 1 year	Due within 2 -5 years	Due after 5 years
Accounts payable and accrued liabilities	$ 7,299,886	$ 7,299,886	$ -	$ -
Accrued salaries	3,769,520	3,769,520	-	-
Vacation payable	12,351,959	12,351,959	-	-
Deferred revenue	4,778,932	4,778,932	-	-
Long Term Debt:				
Bank Loan payable	3,581,000	199,000	905,000	2,477,000
Mortgages payable	4,671,858	558,923	2,407,636	1,705,299
Total financial liabilities	$ 36,453,155	$ 28,958,220	$ 3,312,636	$ 4,182,299

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $4,803,985 (2014 - $5,586,289) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1—Where quoted prices are readily available from an active market.
Level 2—Valuation model not using quoted price, but still using predominantly observable market inputs, such as market interest rates.
Level 3—Where valuation is base on unobservable inputs. There were no items measured at fair value using level 3 in 2015 or 2014.

There were no items transferred between levels in 2015 or 2014.

	2015			2014		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Investments	$ 22,070,892	$ -	$22,070,892	$20,075,418	$ -	$ 20,075,418
Mortgages payable	$ -	$4,803,985	$ 4,803,985	$ -	$5,586,289	$ 5,586,289

g) Operating Line-of-Credit

The Regional Health Authority has a line-of-credit limit of $1,000,000 (2014 - $1,000,000) with an interest charged at prime minus 0.50%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2015 was $0 (2014 - $0).

14. Inter-fund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2015			2014		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	-	$ -	$ -	$ -
Equipment Purchases	(41,252)	41,252	-	(108,606)	108,606	-
SHC reserves	(118,316)	118,316	-	(115,556)	115,556	-
Energy Performance Loans	(363,000)	363,000	-	(363,000)	363,000	-
Mortgage payments	(521,355)	521,355	-	(521,355)	521,355	-
Other	298	143,317	143,615	807	(807)	-
	$ (1,043,625)	$ 1,187,240	$ 143,615	$ (1,107,710)	$ 1,107,710	$ -

15. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. SaskPower Energy Solutions performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. June 1st, 2010 the Prince Albert Parkland Regional Health Authority entered into a guaranteed energy performance savings contract with SaskPower Energy Solutions Company. To date the SaskPower Energy Solutions Company has not been able to provide results of yearly savings due to ongoing construction projects.

16. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 and 2015-16 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 and 2015-16.

17. Changes in Accounting Policy – Contaminated Sites

Effective April 1,2014, Prince Albert Parkland RHA adopted the new PS 3260 Liability for Contaminated Sites standard. This section establishes standards on how to account for and report a liability associated with the remediation of contaminated sites. Contaminated sites are a result of contamination being introduced into air, soil, water or sediment of a chemical, organic or radioactive material or live organism that exceeds the maximum acceptable concentrations under an environmental standard. This standard only applies to operations that are no longer in productive use, or where an unexpected event occurs that has caused contamination. A liability for remediation of contaminated sites is recognized when all of the following criteria are met:

- an environmental standard exists;
- contamination exceeds the environmental standard;
- the RHA:
  - is directly responsible; or
  - accepts responsibility;
- the RHA expects that future economic benefits will be given up; and
- a reasonable estimate of the amount can be made.

The Prince Albert Parkland RHA performed an extensive review of all sites to identify any possible liability for contaminated sites. The RHA found one unused underground fuel tank at the Hafford Special Care Centre. As at March 31, 2015, the RHA is responsible for the removal of the unused tank at an estimated cost of $10,000. At this time no liability has been accrued for the tank removal. To date no testing has been performed to determine if the site is contaminated. Therefore remediation costs, if any, are undeterminable.

18. Collective Agreements

The CUPE contract is in effect until March 31,2017. The SUN contract expired March 31,2014 and is under negotiation. The HSAS contract expired March 31, 2013 and negotiations are ongoing.

Schedule 1 **SCHEDULE OF EXPENDITURES BY OBJECT** **as of March 31, 2015**

	Budget 2015	Actual 2015	Actual 2014
Operating:			
Advertising & public relations	127,743	131,627	115,594
Board costs	119,324	69,696	73,037
Compensation - benefits	25,584,399	26,641,135	25,011,273
Compensation -employee future benefits	-	48,100	8,800
Compensation - salaries	127,698,886	130,578,820	128,841,876
Continuing education fees & materials	411,988	214,556	293,174
Contracted-out services - other	3,514,715	3,547,324	3,417,958
Diagnostic imaging supplies	77,333	119,802	104,769
Dietary supplies	171,362	169,169	187,013
Drugs	2,325,537	2,393,496	2,132,318
Food	2,789,561	2,792,187	2,807,690
Grants to ambulance services	4,141,664	4,130,893	4,139,204
Grants to health care organizations & affiliates	9,546,986	9,986,896	9,751,072
Housekeeping & laundry supplies	1,341,081	1,329,239	1,242,137
Information technology contracts	782,916	635,270	429,939
Insurance	364,371	350,772	339,483
Interest	23,184	25,822	28,365
Laboratory supplies	1,163,011	1,214,162	1,257,223
Medical & surgical supplies	4,886,502	5,160,562	5,109,537
Medical remuneration & benefits	21,971,910	23,069,396	22,426,928
Meetings	55,259	52,750	44,356
Office supplies & other office costs	863,699	727,035	701,818
Other	278,401	397,572	126,016
Professional fees	955,585	1,019,220	970,966
Prosthetics	1,405,853	1,653,538	1,617,817
Purchased salaries	2,472,067	3,325,196	2,602,763
Rent/lease/purchase costs	2,232,308	2,045,542	2,026,565
Repairs & maintenance	2,211,060	2,146,587	2,108,651
Supplies - other	1,041,228	1,093,684	1,083,881
Therapeutic supplies	131,604	99,120	86,999
Travel	1,805,771	1,841,190	1,730,008
Utilities	2,989,757	2,733,229	2,607,122
Total Operating Expenses	$223,485,063	$ 229,743,585	$223,424,354
Restricted:			
Amortization		5,501,586	4,615,082
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest expense		239,032	268,498
Other		319,315	417,673
		$ 6,059,933	$ 5,301,254

Schedule 2 **SCHEDULE OF INVESTMENTS** **as of March 31, 2015**

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-term				
Chequing and Savings:				
CIBC - Prince Albert, Sk	$ 13,759,649			
RBC - Prince Albert	20,401			
Shellbrook Credit Union	16,430	9/18/2015	2.25%	
Shellbrook Credit Union	63,145	5/7/2016	1.40%	
Shellbrook Scotia Bank Cash	77,312			
Shellbrook Credit Union Cash	4,685			
Renaissance Savings Account	575,706			
Innovation Credit Union	3,004			
Total Cash & Short Term Investments	$ 14,520,331			
Long Term				
	-			
Total Long Term Investments	$ -			
Total Restricted Investments	$ 14,520,331			
Unrestricted Investments				
Cash and Short-Term				
Petty Cash	$ 23,155			
C.I.B.C. - Prince Albert, Sk	959,252			
Shellbrook Credit Union	31,521			
Marcelin Credit Union	18,267			
Leoville Credit Union	753			
Scotiabank (Kinistino)	29,320			
Spiritwood Credit Union	17,967			
RBC Cash	290			
Manulife Inv. Savings Account	298,090			
CIBC - GIC	533,000	12/5/2018	2.65%	
CIBC - Wood Gundy Equity	217,698			
CIBC - Vancity	1,100,000	11/24/2015	1.70%	
CIBC - Bank of Nova Scotia	1,100,000	11/24/2017	2.06%	
CIBC - GIC	1,500,000	8/11/2016	1.81%	
Renaissance Savings Account	1,721,248			
Total Cash & Short Term Investments	$ 7,550,562			
Long Term				
Total Long Term Investments	$ -			
Total Unrestricted Investments	$ 7,550,562			
Total Investments	$ 22,070,892			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 22,070,892			
Total Long Term	-			
Total Investments	$ 22,070,892			

*Restricted Investments consist of:
- Community generated funds trasnferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation(CMHC) held in the Capital Fund (Schedule 4).

Schedule 3 **SCHEDULE OF EXTERNALLY RESTRICTED FUNDS** **as of March 31, 2015**

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Non Sask Health Initiatives						
Kinistino and District Health Foundation Inc.	$ 549,663	$ -	$ -	$ -	$ -	$ 549,663
Birch Hills and Area Health Care Foundation Inc.	101,226	265	-	(71,542)	-	29,949
Prince Albert Parkland Regional Health Authority	142,354	1,262	-	-	(143,616)	(0)
Total Community Trust Fund	**$ 793,243**	**$ 1,527**	**$ -**	**$ (71,542)**	**$ (143,616)**	**$ 579,612**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Sask Health Initiatives						
Family Treatment Center	$ 717,305	$ 5,124	$ -	$ -	$ (42,035)	$ 680,394
Pineview Terrace / Shellbrook Integrated Facility	1,177,604	235,926	98,705	-	(626,212)	886,023
Block Funding	2,124,543	84,595	1,462,500	(33,000)	(1,852,511)	1,786,126
CT Scanner and C-Arm	-	-	1,580,000	-	-	1,580,000
Spiritwood CEC	-	-	232,000	-	(15,370)	216,630
Victoria Hospital Redevelopment	-	-	2,000,000	-	(299,045)	1,700,955
Capital Equipment	1,191,751	538,547	1,153,200	(30,000)	(1,492,769)	1,360,728
Total Capital Fund	**$ 5,211,203**	**$ 864,192**	**$ 6,526,405**	**$ (63,000)**	**$ (4,327,943)**	**$ 8,210,856**
TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 6,004,446**	**$ 865,718**	**$ 6,526,405**	**$ (134,542)**	**$ (4,471,559)**	**$ 8,790,469**

Schedule 4

SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES

as of March 31, 2015

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
Replacement Reserves						
Birchview Home	$ 16,491	$ 286	$ 9,100	$ -	$ -	$ 25,877
Hafford Special Care Centre	4,232	183	13,937	-	(18,353)	0
Herb Bassett Home	488,115	6,895	28,984	-	(26,593)	497,400
Idlwild Lodge	37,789	600	10,000	-	-	48,389
Jubilee Lodge	52,342	1,326	15,462	-	-	69,130
Jubilee Units	110,449	1,564	17,600	-	-	129,613
Lakewood Lodge	80,442	1,159	9,100	-	(19,181)	71,520
Parkland Terrace	73,575	571	-	-	-	74,146
Wheatland Lodge	66,616	888	7,750	(1,851)	(2,973)	70,430
Whispering Pine Place	47,310	798	8,235	-	-	56,343
Total CMHC	$ 977,361	$ 14,271	$ 120,168	$ (1,851)	$ (67,099)	$ 1,042,849
Other Internally Restricted Funds						
Begin Estate	3,891	55	-	-	-	3,946
Ferris Estate	33,148	469	-	-	-	33,617
Herb Bassett Home Chapel	3,208	49	-	(298)	1,000	3,959
Poole Estate	21,043	298	-	-	-	21,341
Information Technology	113,990	1,614	-	-	-	115,604
Renal	49,130	696	-	-	-	49,826
Smith Estate	83,545	1,183	-	-	-	84,728
Tadman Estate	27,542	390	-	-	-	27,932
Watsang Estate	11,943	169	-	-	-	12,112
Capital Purchases fund	3,478,438	24,850	-	-	-	3,503,288
Student Residence	-	3,581	-	-	1,908,380	1,911,961
Total Internally Restricted	**$ 4,803,239**	**$ 47,626**	**$ 120,168**	**$ (2,149)**	**$ 1,842,280**	**$ 6,811,164**

Schedule 5 **CONSOLIDATED SCHEDULE OF:**

BOARD MEMBER REMUNERATION

as of March 31, 2015

RHA Members	2015							2014
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Abrametz, B	$ 9,960	$ 11,549	$ 1,819	$ 2,980	$ -	$ 1,102	$ 27,410	$ 20,550
Code, D	-	4,600	200	788	-	213	5,801	7,266
Dobrowolsky, G	-	-	-	-	-	-	-	5,132
Fee, B	-	1,738	725	1,070	-	81	3,614	5,701
Kreese, M	-	5,031	1,619	3,315	-	337	10,302	4,062
Olson, J	-	3,063	1,075	2,467	-	178	6,782	6,699
Osmundson, G	-	3,000	950	2,000	-	-	5,950	7,961
Otterson, H	-	3,238	813	1,512	-	200	5,762	7,511
Schwab, S	-	1,825	775	1,173	-	95	3,867	4,035
Selanders, J	-	2,013	-	28	-	51	2,092	1,235
Sexsmith, R	-	800	-	67	-	-	867	-
Total	$ 9,960	$ 36,856	$ 7,975	$ 15,401	$ -	$ 2,258	$ 72,449	$ 70,152

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

as of March 31, 2015

Senior Employees	2015					2014 (restated)		
	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Cecile Hunt, CEO	$ 286,044	$ 4,984	$ 291,028	$ -	$ 291,028	$ 294,961	$ -	$ 294,961
Lynnda Berg, VP	206,447	60	$ 206,507	-	206,507	186,064	-	186,064
Jamie Callahan, VP	200,543	60	$ 200,603	-	200,603	183,349	-	183,349
Cheryl Elliott, VP	155,951	60	$ 156,011	-	156,011	145,591	-	145,591
Carol Gregoryk, VP	219,663	60	$ 219,723	-	219,723	208,239	-	208,239
John Piggott, VP	182,282	60	$ 182,342	-	182,342	178,465	-	178,465
Patricia Stuart, VP	175,618	60	$ 175,678	-	175,678	174,365	-	174,365
Neil Falk, Director of IT	155,801	60	$ 155,861	-	155,861	152,198	-	152,198
Doug Dahl, Communications Officer	89,824	60	$ 89,884	-	89,884	83,685	-	83,685
Kathy Holmgren, Executive Assistant	64,879	60	$ 64,939	-	64,939	66,971	-	66,971
Dr B Hookenson, Senior Physician Executive	204,702	-	$ 204,702	-	204,702	180,019	-	180,019
Dr E Royeppen, Senior Physician Executive	141,479	-	$ 141,479	-	141,479	212,218	-	212,218
Dr K Chokani, Medical Health Officer	375,349	-	$ 375,349	-	375,349	396,636	-	396,636
Dr C Hammond, Senior Physician Executive	41,831	-	$ 41,831	-	41,831	-	-	-
Total	$2,500,414	$ 5,524	$ 2,505,938	$ -	$ 2,505,938	$ 2,462,761	$ -	$2,462,761

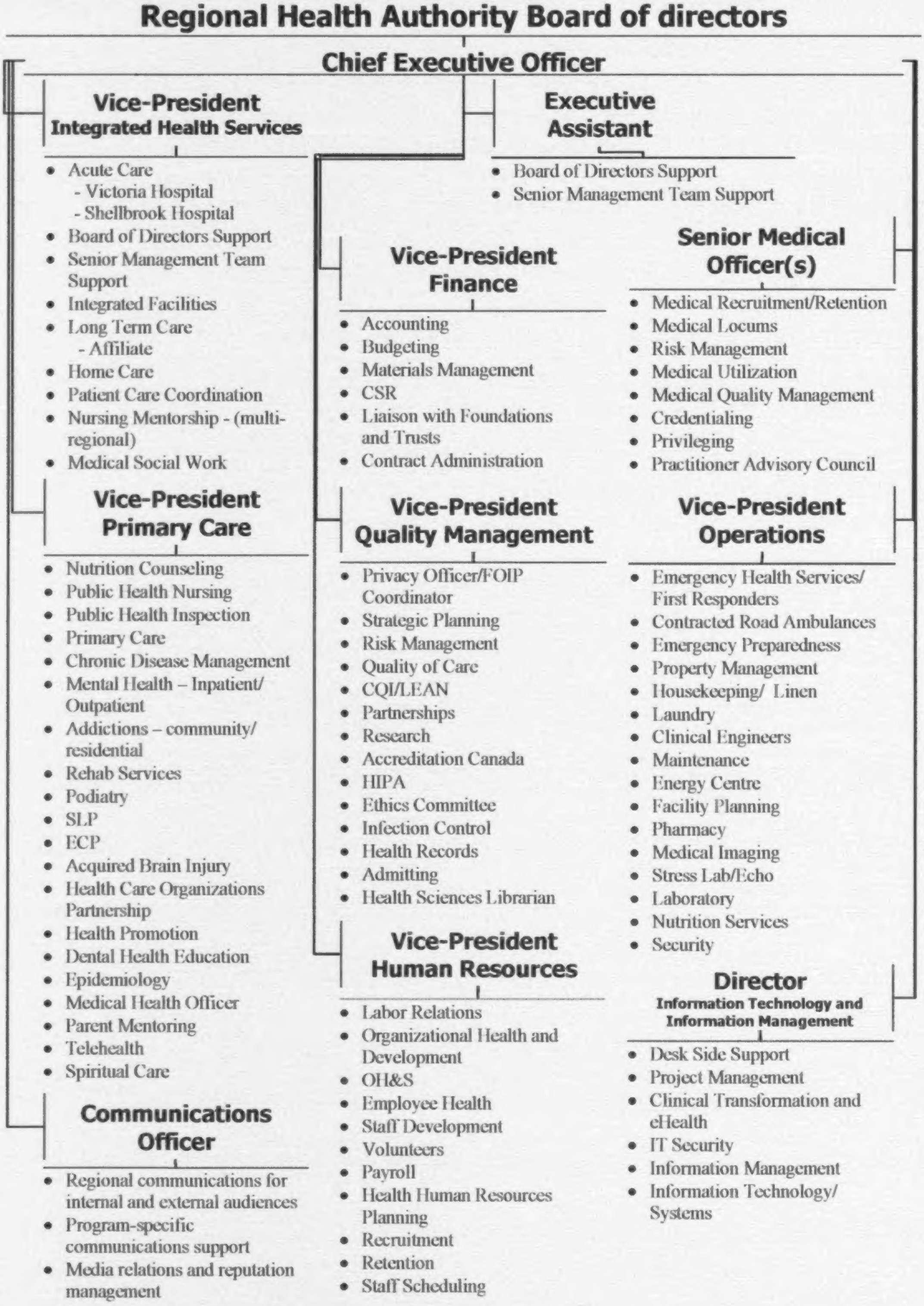
1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. The pay for Performance compensation plan has been suspended for the 2014-2015 and 2015-2016 fiscal years. Senior employees will receive 100% of their base salary for 2014-2015 and 2015-2016. For further details refer to Note 20-Pay for Performance

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

3. Salaries, benefits and allowances for 2014 have been restated to reflect performance adjustments for the 2013-2014 fiscal year paid out in fiscal 2014-15.

Appendix A: *Organizational Structure*

>> As of March 31, 2015



Regional Health Authority Board of directors

Chief Executive Officer

Vice-President
Integrated Health Services

- Acute Care
  - Victoria Hospital
  - Shellbrook Hospital
- Board of Directors Support
- Senior Management Team Support
- Integrated Facilities
- Long Term Care
  - Affiliate
- Home Care
- Patient Care Coordination
- Nursing Mentorship - (multi-regional)
- Medical Social Work

Vice-President
Primary Care

- Nutrition Counseling
- Public Health Nursing
- Public Health Inspection
- Primary Care
- Chronic Disease Management
- Mental Health – Inpatient/ Outpatient
- Addictions – community/ residential
- Rehab Services
- Podiatry
- SLP
- ECP
- Acquired Brain Injury
- Health Care Organizations Partnership
- Health Promotion
- Dental Health Education
- Epidemiology
- Medical Health Officer
- Parent Mentoring
- Telehealth
- Spiritual Care

Communications Officer

- Regional communications for internal and external audiences
- Program-specific communications support
- Media relations and reputation management

Executive Assistant

- Board of Directors Support
- Senior Management Team Support

Vice-President
Finance

- Accounting
- Budgeting
- Materials Management
- CSR
- Liaison with Foundations and Trusts
- Contract Administration

Vice-President
Quality Management

- Privacy Officer/FOIP Coordinator
- Strategic Planning
- Risk Management
- Quality of Care
- CQI/LEAN
- Partnerships
- Research
- Accreditation Canada
- HIPA
- Ethics Committee
- Infection Control
- Health Records
- Admitting
- Health Sciences Librarian

Vice-President
Human Resources

- Labor Relations
- Organizational Health and Development
- OH&S
- Employee Health
- Staff Development
- Volunteers
- Payroll
- Health Human Resources Planning
- Recruitment
- Retention
- Staff Scheduling

Senior Medical Officer(s)

- Medical Recruitment/Retention
- Medical Locums
- Risk Management
- Medical Utilization
- Medical Quality Management
- Credentialing
- Privileging
- Practitioner Advisory Council

Vice-President
Operations

- Emergency Health Services/ First Responders
- Contracted Road Ambulances
- Emergency Preparedness
- Property Management
- Housekeeping/ Linen
- Laundry
- Clinical Engineers
- Maintenance
- Energy Centre
- Facility Planning
- Pharmacy
- Medical Imaging
- Stress Lab/Echo
- Laboratory
- Nutrition Services
- Security

Director
Information Technology and Information Management

- Desk Side Support
- Project Management
- Clinical Transformation and eHealth
- IT Security
- Information Management
- Information Technology/ Systems

Appendix B: Directory

Big River

Big River Health Centre	
220 1st Ave. North	306-469-2220
Or	306-469-2333
Facsimile	306-469-2193
Big River Home Care	306 469 4410
Big River Primary Health Care Clinic	306-469-2055
Public Health Nursing	306-469-2505
Facsimile	306-469-2603

Birch Hills

Birch Hills Health Facility	
3 Wilson Street	
Birch Hills Primary Health Care Clinic	306-749-3331
Facsimile	306-749-2440
Birchview Home	306-749-2288
Facsimile	306-749-2406
Director of Care	306-749-3565
Mental Health/Addictions	306-749-3302

Blaine Lake

Blaine Lake Primary Health Care Clinic	
307 Main St.	306-497-2494
Facsimile	306-497-2557
Home Care	306-497-2664

Canwood

Whispering Pine Place 300 1st Ave	306-468-2900
Facsimile	306-468-2199

Debden

Home Care 4 – 204 2nd Ave. East	306-724-2110

Hafford

Hafford Special Care Centre and Primary Care Site	
213 South Ave East	306-549-2108
Administration	306-549-2103
Facsimile	306-549-2104
Hafford Primary Health Care Clinic	306-549-2323
Clinic Facsimile	306-549-4660
Home Care	306-549-4266

Kinistino

Jubilee Lodge 401 Meyers Ave.	306-864-2851
Facsimile	306-864-3220
Kinistino Primary Health Care Clinic	306-864-2212
Facsimile	306-864-3102

Leask

Home Care Hwy 40	306-466-2280
Wheatland Lodge	306-466-4949
Facsimile	306-466-2209

Leoville

Evergreen Health Centre 1st Ave	306-984-2136
Facsimile	306-984-2046

Shellbrook

Parkland Integrated Health Centre	
Main office	306-747-2603
Facsimile	306-747-3004
Parkland Terrace Long-Term Care Facility	306-747-6840
Parkland Terrace Manager's Office	306-747-6832
Parkland Terrace Recreation	306-747-6841
Hospital Director of Care	306-747-6830
Home Care	306-747-6811
Public Health	306-747-6828
Addictions services	306-747-6815
Dietitian	306-747-6820
Mental Health	306-747-6813
Occupational Therapy - Pediatric	306-747-6822
Physical Therapy	306-747-6821
Director Primary Care	306-747-6818

Shellbrook Primary Health Care Clinic	
206 2nd Avenue West	306-747-2552

Spiritwood

Home Care Area office, 400 1st East	306-883-4266
Facsimile	306-883-4440
Public Health Nursing	306-883-4470
Facsimile	306-883-4440
Spiritwood and District Health Complex	
400 1st East	306-883-2133
Facsimile	303-883-4440
Toll Free—Spiritwood	1-800-887-6251
Primary Health Care and Medical Clinic services	306-883-4400
Addictions Services	306-883-4479
Community Mental Health Nurse	306-883-4462
Parent Support Worker	306-883-4463
Therapies	306-883-2133

Appendix B: Directory

Prince Albert

Access Place – Sexual Health Clinic

101 15 St East	306-765-6544

Acquired Brain Injury (ABI) Services

1521 6th Ave. West	306-765-6630
Facsimile	306-765-6657
Toll-free	1-866-899-9951

Addiction Services,
Adult, Youth & Problem Gambling

2nd Floor - 101 15 St East	306-765-6550
Facsimile	306-765-6554
Toll Free	1-855-765-6550

Brief and Social Detox Centre

1200 24th St. West	306-765-6700
Facsimile	306-765-6701

Family Treatment Centre

1200 24th St. West	306-765-6375
Facsimile	306-763-4670

Dermatology

2345 10th Ave. West	306-765-6317

Diabetes Education Centre

1521 6th Ave. West	306-765-6464
Facsimile	306-765-6624

Dietitian Services

Community Dietitian	306-765-6590
Room 200 – 20 – 14th Street West	
Diabetes Education Centre	306-765-6464
Public Health Nutritionist	306-765-6604
School Nutritionist	306-765-6609

fitLife Cardio-Pulmonary Rehab Program

Room 200, 20 14th Street West	306-765-6590
Facsimile	306-765-6594

Health Promotion & Education

1521 6th Ave. West	306-765-6641
Or	306-765-6627

Herb Bassett Home

1220 25th St West	306-765-6145

Home Care - Regional Office

Unit D – 4050 2nd Ave. West	306-765-2450

Lab Service Centre

South Hill Mall	306-765-6319

Mental Health Inpatient Services

Regional Mental Health Centre	306-765-6053

Mental Health Outpatient Services

Victoria Square–2345 10th Ave. W.	306-765-6055
Facsimile	306-765-6349
Toll-free	1-888-765-6055

Pineview Terrace Long-term Care

1200a 24th Street West	306-765-6570

Prince Albert Parkland Health Region

Corporate Office— 1521 6th Ave. West S6V 5K1	306-765-6400
Facsimile	306-765-6401
Communications	306-765-6409
Financial Services	306-765-6420
Regional Health Authority (Board)	306-765-6400
Human Resources	306-765-6430
Facsimile	306-765-6431
Patient Safety and Quality Managers	306-765-6499
Facsimile	306-764-4131
Privacy and Freedom of Information Officer	306-883-4460
Volunteer Services	306-765-6010
Facsimile	306-763-2871

Public Health Inspection

1521 6th Ave. West	306-765-6600
Facsimile	306-765-6624
Medical Health Officer	306-765-6600

Public Health Services

2nd Floor, L.F. McIntosh Building, 800 Central Ave.	306-765-6500
Facsimile	306-765-6536
Dental Health Educator	306-765-6502
Hearing Aid Plan	306-765-6520
Immunization Clinic	306-765-6510
Lactation Consultant	306-765-6506
Prenatal Classes	306-765-6510
Travel Health Clinic	306-765-6506

Therapies

Victoria Hospital	306-765-6126
Facsimile	306-765-6284

Victoria Hospital

1200 24th St. West	306-765-6000
Toll Free—Prince Albert	1-800-922-1834
Facsimile	306-763-2871
Victoria Hospital Foundation	306-765-6105
Facsimile	306-765-6120

Appendix C: Health Indicators

This section includes a variety of data about the population health and health system performance of the Prince Albert Parkland Regional Health Authority. It includes data from Statistics Canada and the Canadian Institute for Health Information (CIHI). This data is used by the Prince Albert Parkland Regional Health Authority to identify strategic priorities for health care services, as well as developing population health plans with a variety of health system and community partners. Items with an asterisk (*) have previous year's data.

Perceived health as very good or excellent (% of population 12 years and over)

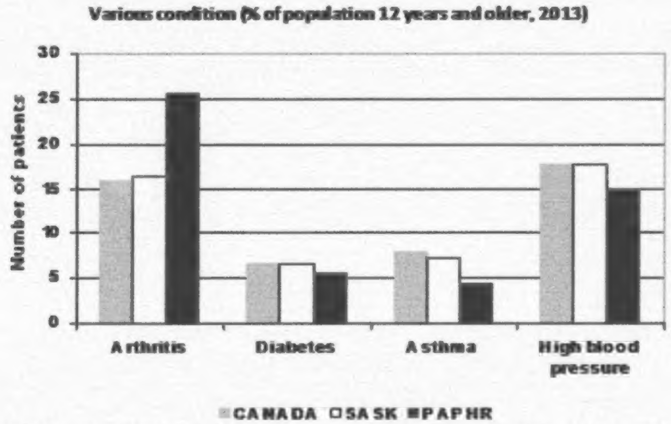
	2010	2011	2012	2013
PAPHR	52.2	48.6	51.3	56.8
Saskatchewan	57.3	56.8	56.9	58.8
Canada	60.1	59.9	59.9	59.4

Statistics Canada Canadian Community Health Survey - Annual Component—June 2015

Perceived health as fair or poor (% of population 12 years and over)

	2010	2011	2012	2013
PAPHR	14	17.1	15.4	13.3
Saskatchewan	11.5	12.1	12.9	11.1
Canada	11.6	11.5	10.9	11.0

Statistics Canada Canadian Community Health Survey - Annual Component—June 2015



Statistics Canada Canadian Community Health Survey - Annual Component—June 2015

Sense of belonging to local community, somewhat strong or very strong (% of 12 years and over)

	2010	2011	2012	2013
PAPHR	64.1	71.6	68.2	64.9
Saskatchewan	72.0	72.4	73.8	71.5
Canada	65.4	64.8	66.1	68.2

Statistics Canada Canadian Community Health Survey - Annual Component—June 2015

Mood disorder (% of 12 years and over)

	2010	2011	2012	2013
PAPHR	7.0	7.9	7.9*	5.9
Saskatchewan	6.6	8.3	7.6	7.8
Canada	6.5	7.0	7.1	7.6

Statistics Canada Canadian Community Health Survey - Annual Component—June 2015

Appendix C: Health Indicators

Perceived mental health as very good or excellent (% of population 12 years and over)

	2010	2011	2012	2013
PAPHR	70.5	67.1	59.5	67.4
Saskatchewan	71.3	68.4	67.2	70.5
Canada	73.9	72.6	71.7	71.1

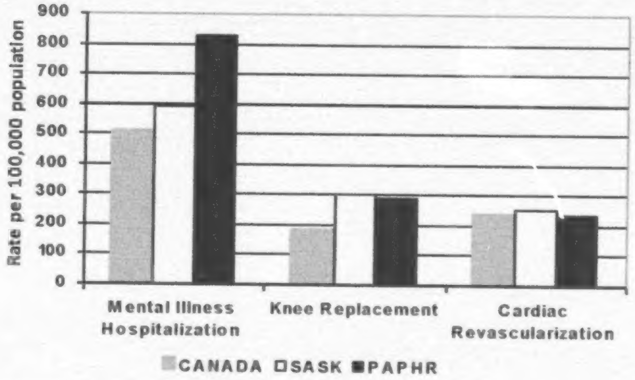
Statistics Canada Canadian Community Health Survey - Annual Component—June 2015

Perceived mental health as fair or poor (% of population 12 years and over)

	2010	2011	2012	2013
PAPHR	6.1	6.4	8.0	10.1
Saskatchewan	5.1	6.8	7.2	7.4
Canada	5.3	5.6	5.7	6.3

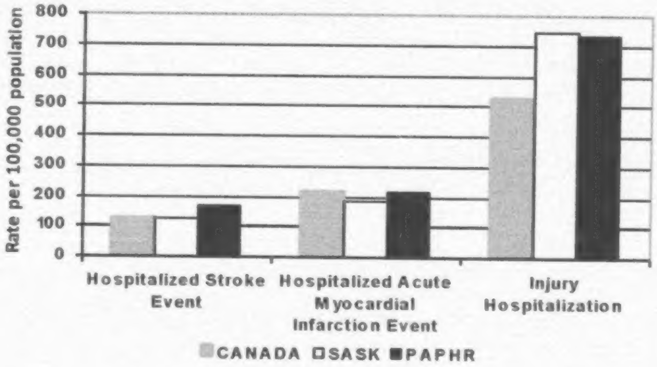
Statistics Canada Canadian Community Health Survey - Annual Component—June 2015

Specific health care services 2013 (rate per 100,000)



Canadian Institute for Health Information—Indicators, May 2015

Hospitalizations specific cause 2013 (rate per 100,000)



Canadian Institute for Health Information—Indicators, May 2015

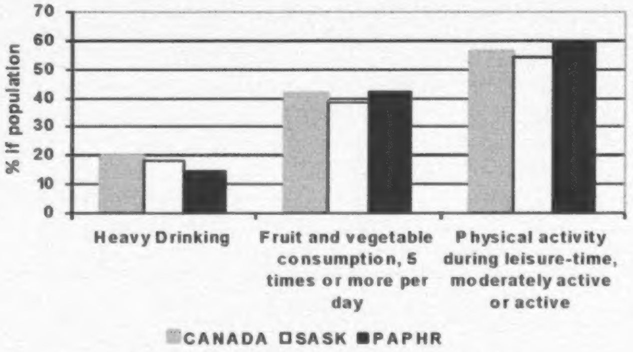
Appendix C: Health Indicators

Perceived life stress, quite a lot (% of 15 years and over)

	2010	2011	2012	2013
PAPHR	16.3	19.6	17.5	13.9
Saskatchewan	19.3	18.5	19.5	19.6
Canada	23.5	23.6	22.7	23.0

Statistics Canada Canadian Community Health Survey - Annual Component—June 2015

CLifestyle/behaviours influencing health status (% of population 12 years and older, 2012)



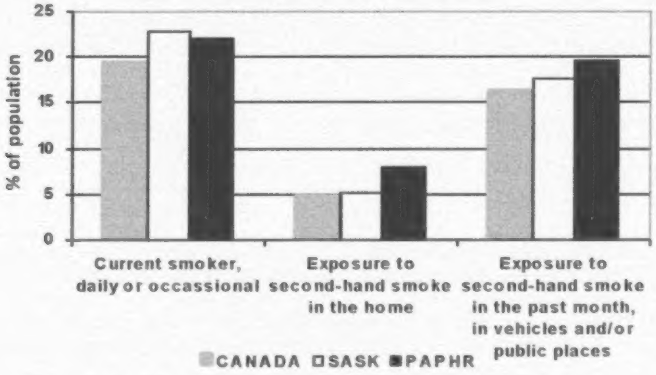
Statistics Canada Canadian Community Health Survey - Annual Component—June 2015

Body mass index, self-reported, adult, overweight or obese (% of 18 years and over)

	2010	2011	2012	2013
PAPHR	69.9	67.7	63.8	61.8
Saskatchewan	58.9	59.4	59.5	61.1
Canada	52.3	52.1	52.5	53.6

Statistics Canada Canadian Community Health Survey - Annual Component—June 2015

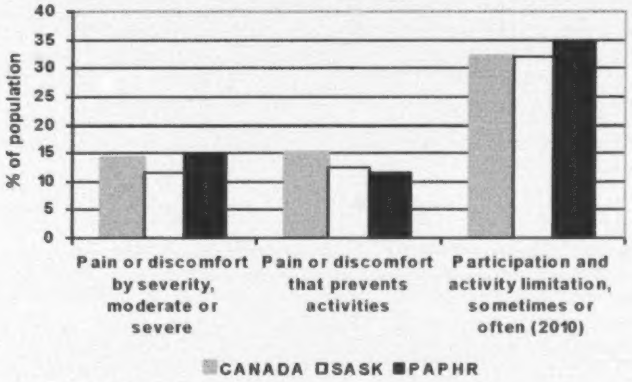
Smoking and exposure to smoking (2012)



Statistics Canada Canadian Community Health Survey - Annual Component—June 2015

Appendix C: Health Indicators

Various condition (% of population 12 years and older, 2012)



Statistics Canada Canadian Community Health Survey - Annual Component–June 2015

General Practitioner/Family Physicians (per 100,000 population)

	2010	2011	2013
PAPHR	104	118	106
Saskatchewan	95	100	103
Canada	104	106	111

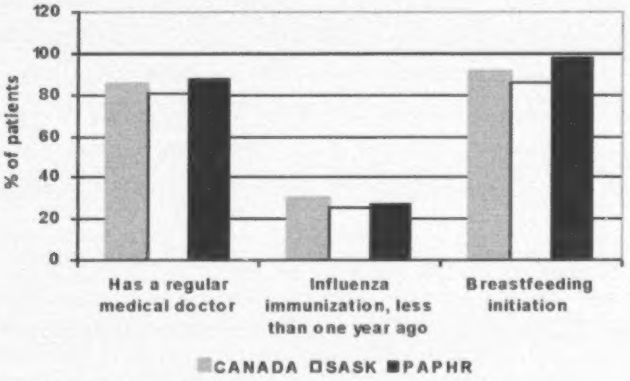
Canadian Institute for Health Information–Indicators, May 2015

Specialist Physicians (per 100,000 population)

	2010	2011	2013
PAPHR	47	61	66
Saskatchewan	75	80	80
Canada	101	103	108

Canadian Institute for Health Information–Indicators, May 2015

Health indicators (% of population 12 years and older, 2012)



Statistics Canada Canadian Community Health Survey - Annual Component–June 2015

Appendix D: Payee List

Regional Health Authorities are required to disclose payments by payee for the fiscal year in the annual report. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure in the Annual Report to the Minister of Health. The minimum threshold is $50,000. Payees are sorted into the following four categories and include the following information:

1. Personal Services - disclose the name and amount paid to individuals of the RHA who received salaries, wages, bonuses, honoraria and compensation for personal service. This category includes unionized and non-unionized employees, senior management (that are also included in Schedule 5 of the Audited Financial Statements), and contracts where an 'employee/employer relationship' is established. The amount paid includes the following:
    - Salaries - regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, and any other direct cash remuneration including sick leave, short-term disability, vacation, and differentials.
    - Contracts – the total amount paid (over the threshold) if an 'employee/employer' relationship exits. If the relationship does not exist and the payment is over the minimum threshold, report the amount as a 'Supplier Payment'

2. Supplier Payments - disclose payees name and amount paid for the provision of goods and/or services to the RHA. Also, include contracts over the minimum threshold of contracts where an 'employer/employee' relationship does NOT exist.

3. Transfers – disclose the payees name and amount paid for each payee receiving payments for: program grants, funding, foundations, donations, sponsorships and HCOs, over the minimum threshold. Do not disclose details for programs of a confidential and personal nature. Transfers amount for each Affiliate equals the total grant (or funding) less the amount recorded in the previous section for personal services for that affiliate.

4. Other Expenditures - disclose payees name and amount paid for expenditures of the RHA above the threshold not included in other categories.

Appendix D: Payee List

>> As of March 31, 2015

PERSONAL SERVICES

AARRESTAD	DANITA	$ 60,035.83	BAGLOLE	SHAUNA	$ 87,341.37
ABRAMETZ	CATHRYN	81,046.87	BAGONGON	IRVIN	110,393.23
ADAMKO	KIM	50,709.14	BAIER	SHERRI	70,426.08
ADRIAN	CYNTHIA	58,560.33	BAIN	DANA	81,048.11
AHENAKEW	SHEILA	59,980.23	BAIN	RANDY	57,694.03
ALASAGAS	TITO MARI	106,132.78	BALICKI	LESIA	102,382.23
ALDOUS	KAYLLA	56,139.22	BALICKI	VALERIE	59,334.29
ALEY	LENDRA	94,240.02	BALONE	CLAIRE	104,300.31
ALLEN	ALETA	100,776.81	BANNERMAN	LORETTE	85,555.45
ALVAREZ	D CHI MIN	109,068.31	BARBER	WHITNEY	92,187.44
ALVAREZ	RICHARD	117,105.86	BARCELONA	CAROLINE	109,390.52
AMUNDSON	LUCILLE	91,987.00	BARGEN	REBECCA	86,601.58
AMYOTTE	JANELLE	92,521.92	BASARABA	CONNIE	71,117.10
ANAKA	KIM	97,046.48	BASARABA	LAURA	82,854.52
ANDERSON	BRIAN	59,999.93	BASSENDOWSKI	SHANNON	50,775.76
ANDERSON	MICHELLE	64,928.68	BATAWALA	AMANDA	52,765.80
ANDERSON	PENNY	58,918.15	BATES	CINDY	51,416.21
ANDRE	BRENDA	71,822.57	BATISARISARI	JUDY	110,971.04
ANDRES	BONNIE	68,868.21	BATTY	DARLENE	124,439.11
ANTOINE	JANE	104,843.86	BATTY-SIMONAR	ALLISON	72,532.71
ANTOINE	KYLIE	57,246.98	BAUTISTA	JOEY CHRI	111,985.23
ANTONSON	JENNIFER	53,211.72	BAXTER	DEANNE	56,245.87
APPLEYARD	APRIL	79,294.37	BEAR	ALISON	97,107.55
APRIL	SUSAN	73,264.33	BEAR	MILDRED	68,643.51
AQUINO	RONALD JA	94,157.69	BEAUCHESNE	HEATHER	71,882.66
ARBUCKLE	TAINA	88,764.32	BEAULIEU	DOLORES	86,701.53
ARCAND	RENEE	50,323.04	BEDDOME	JUDY	72,497.58
ARCAND	ROSEMARIE	55,708.36	BEDI	DONA	58,987.37
ARCAND	ROXANNE	81,602.07	BEGRAND	AMANDA	84,705.80
ARCHIBALD	CHRIS	79,813.09	BEKKATTLA	COLLEEN	93,294.50
ARNOLD	TAMMY	51,154.10	BELAIR	CHELSEA	78,697.31
ASCHENBRENNER	CATHERINE	92,286.91	BELAIR	KIMBERLY	79,622.88
ASCHENBRENNER	JOANNE	69,947.79	BELANGER	MEGAN	59,992.40
ASHIRU	ROSE	67,838.26	BELISLE	SHIELEMAH	74,970.88
ASHWORTH	SUSAN	77,745.35	BELL	DENISE	90,356.49
ASPLIND	JANICE	56,575.14	BELL	KARLA	50,096.49
ATCHESON	WANDA	111,916.20	BENNETT	LORNA	58,777.96
AUG	ANGELA	88,270.38	BENSON	DONNA	70,074.31
AUG	DARCIE	71,704.84	BENTZ	STACY	67,655.35
AUG	KALIN	52,008.91	BERES	CHELSEY	90,719.45
AUG	LAURA	87,420.01	BERG	COURTNEY	51,210.37
AUSTIN	CATHY	56,885.75	BERG	LYNNDA	227,287.49
AZURE	MERISSA	78,409.23	BERG KOLODY	LISA	122,550.30
BADGLEY	STEPHANIE	80,867.18	BERGEN	KELLY	75,972.47
BADIUK	JANE	63,120.04	BERGQUIST	CARLA	62,785.91

Appendix D: Payee List

>> As of March 31, 2015

PERSONAL SERVICES

BEVAN	EVELYN	$100,187.60
BIBBY	BRAD	74,480.93
BILLAY	JASON	114,730.58
BILLAY	M ELAINE	78,570.01
BILLAY	ROBERT	52,475.12
BIRCHAM	TABBATHA	73,856.45
BIRD	ALICE	86,541.25
BIRD	EVELYN	52,983.35
BISSKY	BORIS	72,181.85
BLACKBURN	ANTHONY	87,215.83
BLAHUT	DARCY	74,176.50
BLAIR	MICHELLE	91,533.01
BLAIS	JOAN	60,555.67
BLANCHARD	ALANA	78,431.88
BLECHINGER	CHARITY	93,163.53
BLECHINGER	KEVIN	84,075.78
BLOCKA	LYNN	99,179.78
BODNARCHUK	MARJORIE	72,713.07
BOEHM	DEBRA	57,038.26
BOISSON	SHERRI	87,980.38
BOLOTNIUK	LORI LEE	94,027.91
BONDOC	ALBERTO	52,432.37
BONNE ANNEE	BRUNETTE	108,518.74
BOROWSKY	HEATHER	74,070.32
BORSTMAYER	DAWN	70,787.54
BOUVIER	AIMEE	74,046.13
BOYCHUK	LOIS	157,352.75
BOYER	DEANNA	89,888.10
BOYKO	JAMES	75,022.69
BOYKO	RILEY	56,820.78
BRAATEN	DEANNE	79,136.35
BRAATEN	NAOMI	57,113.67
BRAD	DONNA	150,177.07
BRAHNIUK	CORINA	78,462.24
BRAKE	BRENDA	106,695.99
BRANDOLINO	BRANDY	82,854.03
BRANDRICK	TABITHA	50,754.21
BRAY	WILLIAM	81,707.88
BREKER	BRENDA	85,853.65
BROOKS	COLEEN	99,552.83
BROOKS	JOANNE	93,246.72
BROOME	ERIKA	67,618.84
BROWN	APRIL	65,880.46
BROWN	DARLA	66,990.13
BRUCE	LYNN	95,909.10
BRUCE	MORRIS	$ 55,608.06
BRUNEAU	STARLA	50,772.51
BRUNSCH	RANDI	69,106.12
BRYDGES	JOANNE	91,383.43
BRYDGES	SARA	62,642.57
BUCKINGHAM	GAIL	52,915.45
BUCKINGHAM	KATHERYN	77,577.29
BUCKLER	SHERRY	55,119.57
BURANT	JOANNE	64,630.19
BURNIE ALLEN	P JILL	85,641.58
BURNOUF	DEBRA	81,947.24
BURNS	JAELYNN	83,704.46
BURWOOD	LINDA	55,146.70
BUTTERFIELD	MARINA	114,306.77
CABILAO	EVANGELIN	101,429.66
CAGUIN	MERIAM	56,813.90
CAISSE	SHELLY	77,417.92
CALAYO	CLARISSA	71,940.82
CALLAHAN	JAMIE	220,557.68
CAMCHE	ALLISYN	73,630.25
CAMERON	DIANA	75,609.66
CAMPBELL	ALISON	63,775.56
CAMPBELL	LORRAINE	93,183.20
CAMPONI	ROSA	98,918.07
CARLSON	TRACY	86,571.04
CARRIER	JANET	67,344.34
CARRIER	MARLENE	62,085.85
CARRIERE	SHELLY	59,479.89
CARRUTHERS	GLENN	120,136.58
CASAVANT	MEGHAN	75,260.60
CASSIDY	CHRISTIE	51,753.89
CATRAL	IRIS ELLA	104,986.25
CHADWICK	SHERRI	55,579.86
CHAGNON	MARLENE	57,169.15
CHAMBERLAIN	TRINA	53,758.83
CHAMBERS	LISA	76,141.16
CHARTRAND TRZASK	CHRISTINA	87,466.36
CHAUDHRY	ZUBAIDA	166,143.70
CHAVEZ	CHRIZALYN	111,912.32
CHAVEZ	MALCOLM	112,853.77
CHEDOGI	MARIUSZ	60,729.99
CHESTER	SHERI	54,458.12
CHICOINE	MICHELLE	56,939.12
CHORESCA	CHRISTIAN	59,450.32
CHORNEY	CARLEY	73,179.09

Appendix D: Payee List

As of
March 31, 2015

PERSONAL SERVICES

CHRETIEN	EVELYN	$ 93,039.05
CHRISTIANSEN	LORI	90,248.86
CHRISTMANN	KIM	82,579.67
CLARK	JANET	113,359.87
CLARK	SUZANNE	58,496.97
CLARKE	GLENIS	82,037.60
CLARKE	RHONDA	57,650.60
CLARKE	SHARLENE	75,067.19
CLEARIHUE	ARDETH	55,836.58
CLIMENHAGA	DARCI	90,260.30
CONANT	DANA	78,551.63
CONDIE	TARENE	68,601.89
COOK	DELPHINE	94,459.96
COOK	DONNA	93,190.34
COOLING	JERRILYN	70,871.37
COOPER	SHEILA	117,214.70
COPELAND	MAUREEN	55,702.42
CORNELSON	KELLY	82,043.44
COTTINGHAM	JASON	59,093.28
COUTU	JAS	91,843.86
COUTURE	PATRICIA	104,508.85
COWIE	BONNIE	52,894.07
CRAWFORD	ELEANOR	57,808.98
CRAWFORD	SHELLEY	93,666.25
CROSWELL	ROSEANN	60,065.05
CROWE	JULIE	68,098.65
CROYDON	PHILIPPA	54,257.26
CURTIS	CHONA	77,069.07
CUSTER	CARLENE	52,133.88
CUTTING	EUNICE	90,169.45
CYR	LINDA	102,258.30
CYR	MICHELLE	55,996.62
CYR	MURIELLE	101,782.63
DAGENAIS	SHAWN	82,201.12
DAHL	DOUG	89,824.06
DAIGNEAULT	SAMANTHA	100,001.40
DALLMAN	BROOK	79,273.22
DALLMAN	CORAL	57,010.43
DALLMAN	JASON	87,791.59
DAMPIL-BUNDALIAN	CHARRY	87,259.75
DANIELSON	DEBRA	90,649.81
DAONGAM	RAI LIN	80,671.80
DAVIDSON	ELBERT	80,910.74
DAVIES	TRACIE	82,972.32
DAVIS	DALE	60,080.49
DAVIS	GILLIAN	$ 78,503.74
DAYTON	DAREN	58,922.29
DE LARA	PRESSIE F	152,840.94
DE LARA	RIQUE ALB	56,530.55
DE PADUA	JOHN	68,115.91
DEFOREST	JACQUELIN	80,210.49
DELISLE	MARC	105,223.36
DELPARTE	CORINNE	83,800.12
DEMERAIS	LISA	51,677.53
DEMERS	LINDSAY	68,782.73
DENIS BLAIS	DIANNE	100,264.63
DEOBALD	VIRGINIA	94,243.56
DEPEEL	JESSIE	61,230.19
DEVERS	MICHELLE	53,310.45
DEWHURST	BONNIE	69,474.87
DICKENS	MICHELLE	55,824.40
DICKENS	TERESA	82,457.37
DICKSON	CATHY	91,726.92
DICUS	ESTELLE	73,053.77
DICUS	MELANIE	61,696.40
DIEHL	GAIL	81,019.37
DIEHL-FERRIS	KARIN	75,464.44
DIEMERT	JACKALEEN	60,316.89
DISIEWICH	KAREN	71,493.26
DOBROWOLSKI	MARK	63,037.22
DONALD	HELEN	107,264.21
DOOLEY	NIKKI	81,857.99
DORVAL	TWYLA	79,105.32
DOUCETTE	FLORETTE	111,791.88
DOUCETTE	MAUREEN	87,652.15
DOWLING	DEANNE	102,172.42
DREAVER	JADE	55,797.65
DRIESCHNER	ARLENE	94,875.26
DRYKA	MELISSA	75,331.08
DUBYK	DEBORAH	57,632.10
DUCHSCHERER	GLORIA	104,949.93
DUNN	ERIN	91,205.44
DUPUIS	JOCELYNE	79,162.81
DUPUIS	TRACY	53,993.63
DURET	ALINE	81,015.25
DUSSEAULT	CLARA	65,701.81
DUTKA	PATTI	56,991.27
DYCK	JOLEAN	59,585.32
DYNNA	MAUREEN	67,366.09
DZIAK	EWELINA	98,991.50

Appendix D: Payee List

As of
March 31, 2015

PERSONAL SERVICES

ECALDRE	PETER	$111,895.71	FIDDLER	CHARITY	$ 74,441.38
ECHAVEZ	MARILOU	86,105.22	FIDDLER	SHAUNNA	82,891.56
EDDOLLS	COLLEEN	76,678.74	FIDDLER	TRACEY	69,451.48
EDMISON	JANE	73,302.59	FISHER	BARBARA	104,214.35
EDROZO	GERALD PO	90,714.87	FISHER	SHARON	50,680.17
EDROZO	SUSANNE	58,411.88	FITZPATRICK	ROBERT	79,864.90
ELLIOTT	CHERYL	169,663.56	FJELD	TERRY	97,262.36
EMMERSON	ANGELA	53,296.27	FLETT	SHAELENE	86,835.30
ENNS	BRETT	140,277.95	FLEURY	CARLA	50,676.77
ENS	JODI	88,089.62	FLEURY	MEGHAN	86,682.73
ENS	JODY	65,226.49	FORD	AUDREY	100,764.66
EPP	ROBYNN	51,468.18	FOREST	KIMBERLEY	55,826.32
ERICKSON	BEVERLY	51,189.98	FOSTER	LYNDSAY	111,497.97
ERICKSON	KRISTEN	73,439.58	FRANC	JOANNE	104,959.62
ERMINE	EDMUND	64,114.26	FRANC BEAURIVAGE	LYDIA	112,206.99
ERTMAN	DEBORAH	60,391.34	FRANCIS	REID	98,537.60
ESCUETA	JAN KEITH	101,200.21	FRANDSEN	JUDY	55,551.95
ESCURO	MICHELLE	98,896.58	FRANKS	JUDY	54,188.27
EVANGELISTA	NOMY	126,546.55	FRENCH	BRENDA	64,305.02
EVANS	JODY	87,010.71	FRIESEN	CAMERON	72,594.33
EVANS	KATHY	78,566.22	FRIESEN	LORI	110,010.31
EVELEIGH	JENNIFER	63,344.83	FRIESEN	REBECCA	85,926.97
FABAY	ZENAIDA	62,668.10	FRIESEN	TERRY	107,976.40
FABISH	MARILYN	50,218.23	FRISE	MARY ANN	85,261.48
FAHLMAN	THERESA	117,904.60	FROST	EMILY	85,391.83
FALK	NEIL	155,801.30	FUENTES	DIANA JEA	114,954.05
FALLOON	NADINE	95,349.98	FULLER	BONNIE	104,770.62
FAMULAK	KEVIN	89,752.56	FULLER	SHARON	96,594.49
FARTHING	KRISTA	111,040.40	FUNK	HEIDI	82,716.24
FAVEL	BRITTANY	61,217.22	FURBER	CHRISTINE	109,031.97
FAVEL	LINDA	50,305.30	GABOURY	ANGELA	67,035.95
FAVREAU	GLENDA	75,451.69	GAGNE	JENNIFER	59,633.95
FEATHERSTONE	TOBI	78,241.83	GARCIA	ZENAIDA	106,385.36
FECYK	DIANA	121,600.80	GAREAU	JACLYN	52,824.04
FEE	CHRISTAL	68,051.18	GARRARD	STEVE	72,855.77
FEHR	DARLENE	87,201.13	GATIN	PEGGI LYN	80,551.31
FEHR	SHERYL	56,303.53	GAUDET	DEAN	75,854.11
FELSKE	BRENDA	100,063.54	GAUDET	DORI	108,526.44
FENNIG	MICHELLE	57,043.09	GAUTHIER	THERESA	74,454.50
FERGUSON	BRITTANY	77,080.90	GAVERONSKI	NANCY	77,450.38
FERGUSON DODGE	KAREN	55,279.88	GEDDERT	DAWN	109,104.54
FERLAND	BEVERLY	99,790.04	GENCIANA	CAROL JOY	152,284.37
FERNANDEZ	FE	135,117.93	GEORGET	ALDEN	90,828.45
FERRERAS	MARLON	57,500.11	GERLACH	KAREN	53,588.57
FESCHUK	JANINE	58,823.29	GERSTNER	ALACIA	68,089.42

Appendix D: Payee List

As of March 31, 2015

PERSONAL SERVICES

GERVAIS	DWIGHT	$139,814.39
GIBSON	HEATHER	55,544.75
GILBERT	CHRISTA	50,172.52
GILLESPIE	ALISON	92,848.98
GILLIS	TAMMY	108,839.36
GIZZIE	BREAN	67,920.55
GLYNN	KATHY	83,952.13
GO	JOHN	78,245.18
GOLEZ	ANALYN	55,990.41
GOLLER	SHELLEY	110,622.15
GONZALES	LYRA	105,249.19
GORDON	CATHY	119,530.66
GORDON	SHANNON	88,792.12
GOY	JAN	55,621.04
GREEN	MINDY	70,280.89
GREENWOOD	KELLY	50,505.27
GREGORYK	CAROL	239,366.68
GRENIER	KAREN	61,301.14
GRIER	VANESSA	77,495.98
GRIFFIN	SHARON	121,737.20
GRIMARD	SHARON	65,615.99
GRIMARD	SHERLYN	94,155.95
GRIMES	LISA	91,731.32
GROENEN	HARRY	79,661.14
GROVES	JACQUELIN	78,979.22
GUEDO	BROOKE	67,799.35
GUEST	JENNIFER	85,196.53
GUITARD	MICHELLE	93,493.59
GUNN	KAREN	129,233.13
GUSTAFSON	DAVID	50,132.76
GUY	COURTNEY	78,257.84
GYOERICK	ROBIN	67,423.43
HADUIK	SHAUNNA	80,451.67
HAIGHT	LISA	55,992.67
HALCRO	QUENTIN	109,402.98
HALDORSON	ELAINE	52,288.81
HALL	ERIN	74,455.19
HALSALL	DAWN	50,334.51
HAMILTON	TRUDY	102,356.08
HAMMOND	NEAL	61,155.98
HANNOTTE	THERESE	70,971.20
HANSEN	BRANDI	96,354.28
HANSEN	KRISSIE	77,879.74
HANSON	JOLENE	65,161.80
HARASYMUK	BRIAN	138,091.08
HARASYN	TANYA	$ 88,638.91
HAREUTHER	JENNIFER	55,670.11
HARKER	WENDY	81,093.95
HARPER	MONICA	99,354.21
HARPER	SHELBY	65,757.20
HARRADENCE	LISA	103,514.94
HARRIS	CINDY	75,088.22
HARRIS	JACQUELIN	63,627.97
HARRISON	LORAINE	112,910.31
HART	LYLA	122,105.17
HARTMAN	GENE	59,178.27
HARVEY	AUDREY	52,378.37
HATCH	JOY	89,276.15
HAWKES	TAMMY	53,277.18
HAYDUK	KAREN	73,523.70
HAYES	STACI	55,047.67
HEAGY	BLAINE	59,350.75
HEBBLETHWAITE	JOANNE	78,413.80
HEDLEY	LAUREN	62,011.01
HEIDEL	SANDY	97,633.72
HEIN	EDITH	86,666.23
HEIN	GORDON	82,406.93
HELMUTH	LOVETTA	91,154.37
HENRY	JADE	76,079.21
HENRY	LINDA	50,992.07
HENSON	DANIELLE	81,131.98
HERBERT	ASHLEY	90,562.78
HERBST SUTOR	MICHELLE	106,452.45
HEROUX	WENDY	83,060.50
HESELWOOD	TANYS	74,966.33
HEWITT	BARBARA	80,094.91
HICKS	CARRIE	66,556.14
HIGGINS	GARRY	64,163.55
HIPKISS	NADINE	96,458.42
HJERTAAS	JUDY	75,490.45
HNIDEK	FRANCES	78,479.42
HOBSON	TRACI	109,939.25
HODGSON	ADRIANNE	77,368.31
HODGSON	JULIE	75,091.24
HODGSON	STEPHANIE	54,179.68
HOLMEVIK	BONNIE	52,390.69
HOLMGREN	KATHY	65,679.35
HOLTZHAUSEN	TONY	107,907.28
HOLZ	CHRISTINE	68,967.34
HONIG	COLLEEN	77,045.36

Appendix D: Payee List

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PERSONAL SERVICES

HONRADA	CHARRY	$ 67,302.76	JOHNSTON	MERLE	$ 73,775.64
HOPE	PENNY	106,825.04	JOHNSTONE	CAROL	54,423.63
HOPE	TRACEY	78,747.08	JONASSON	JOANN	52,580.03
HORACHEK	KATELYNN	86,698.59	JONES	HEATHER	77,198.53
HORAL	IVANNA	50,020.15	JONES	MONIQUA	126,576.48
HORNER	LISA	81,976.59	JOO	CHERYL	102,482.34
HORNUNG	JOAN	67,474.90	JOSE	SWAPNA	55,261.68
HORRICKS	SANDI	50,358.45	JUBILAN	ANN THERE	95,648.13
HOVDEBO	DIANNE	52,325.31	JUDGE	ROSE LYNN	58,849.38
HOWARD	PATRICIA	66,377.82	JUSON	JOJAN PAU	93,329.62
HOWLAND	JOCELYNE	50,619.26	KAMINSKY	DONNA	93,197.22
HRADECKI	KIMBERLEY	100,477.89	KAPACILA	JANICE	101,665.82
HRENYK	LORETTA	91,845.33	KARAKOCHUK	DENNIS	122,298.17
HRYNUIK	BRENDA	50,166.30	KARDASH	JOHANNE	105,855.74
HRYNUIK	KAREN	81,913.26	KARPLUK	ABIGAIL	109,098.22
HULL	JAMIE	81,626.89	KARPPINEN	LISA	56,575.12
HUNT	CECILE	322,351.33	KARTES	SHIRLEY	80,330.27
HUNTER	CHRYSTINA	69,775.71	KAYTOR	DORI	93,949.59
HUNTER	KATHRYN	68,905.02	KAZMIRUK	ELOISE	111,387.33
HUPAELO	MELANIE	56,510.26	KENKE	KIMBERLY	113,637.69
HURL	SHANNON	56,400.67	KENNEDY	JELAINE	78,278.43
HUXLEY	DENISE	55,538.63	KENNY	SAMANTHA	105,168.52
INGHAM	TANYA	103,632.53	KENT	DEBBIE	81,261.40
ISBISTER	SHERRY	74,171.85	KERELUK	BRIGITTE	50,148.47
ISBISTER	VALERIE	78,560.47	KEYOWSKI	EVELYN	50,525.06
IVERSON	CATHY	107,910.07	KIBANOFF	CONSTANTI	63,883.62
JABUSCH	KIM	71,356.24	KILKENNY	SIAN-BARB	72,351.07
JACKSON	KYLIE	86,856.54	KINAR	DEANNA	51,060.95
JACOBS	KATHARINE	105,453.23	KINCH	LISA	56,710.58
JAHN	SONYA	83,685.98	KING	DARCI	59,724.99
JALBUENA	ROMMEL	94,167.50	KIRYK	WAYNE	55,464.86
JAMES	MANUEL	117,134.60	KITCHING	KAREN	74,908.89
JANVIER	DEANNE	53,174.80	KITCHING	MELISSA	81,915.08
JANZEN	LAURIE	80,838.54	KLUGHART	GARRY	54,718.58
JENKINS	PATRICIA	76,059.76	KNORR	KLARICE	50,844.50
JENNY	DEREK	50,635.97	KNOUSE	JENNIFER	65,363.76
JENSEN	LAURA	72,089.53	KNOX	PHIL	69,301.23
JEZOWSKI	JAMILYNN	75,848.62	KNUDSEN	JENNIE	76,802.25
JOHNSON	BONNIE	51,784.10	KNUTSON	JANELLE	106,752.68
JOHNSON	DARLENE	58,155.74	KOLENDRESKI	DWAYNE	97,312.48
JOHNSON	DEBORA	94,444.13	KOMAIKE	LOIS	78,332.19
JOHNSON	GERALDINE	74,201.73	KONGAWI	AMANDA	63,332.65
JOHNSON	IAN	78,943.57	KONIAS	ANGELA	60,043.51
JOHNSON	JENNA	101,864.29	KORSAK	GLORIA	50,613.76
JOHNSON	OPAL	52,851.84	KOSIK	LEANNE	52,060.29

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KOSOLOWSKY	ASHLEY	$ 58,605.76	LEPAGE	ADRIEN	$ 125,785.50
KOZOWY	DARLENE	55,568.09	LEPAGE	CHLOE	64,597.22
KRAUSS	DWIGHT	82,173.12	LEPAGE	CHRISTINA	81,513.82
KRAWEC	CARMEN	102,558.23	LEPINE	ASHLEY	63,295.05
KRSACOK	MARILYN	90,090.85	LEPINE	LAURILLE	73,591.36
KSYNIUK	DENISE	86,889.72	LEPITZKI	MARGO	52,248.82
KSYNIUK	MANDY	76,562.31	LESCHYSHYN	CYNTHIA	107,343.92
KUFFERT	ELAINE	50,465.97	LESKO	CARLIE	81,946.36
KUKAC	CHARLINE	92,531.70	LESKO	ROBERT	50,362.47
KULLAR	NAPINDER	69,411.36	LESPERANCE	CATHLEEN	61,344.42
KUTNIKOFF	JOANNE	61,081.77	LIDBERG	DEBRA	61,401.77
KWIATKOWSKI	BRENDA	91,843.32	LIN	JUDY	75,023.29
KWOK	JOANNE	114,874.28	LINDSAY	THERESA	54,621.09
KYEI	JOYCE	152,123.09	LINKLATER	DANA	57,766.31
LABIUK	PEARL	57,530.61	LIZEE	JASMENE	70,292.37
LACHANCE	DELORES	66,497.53	LLOYD	KELLENE	122,302.68
LADEZA	REYNALDO	133,282.07	LLOYD	MARIA	69,790.07
LADOUCEUR	NATALIE	101,806.88	LOEHNDORF	CAROLINE	51,823.41
LAFOND	STEPHANIE	53,447.35	LOEWEN	NORMA	83,016.43
LAI	SANDY	58,662.19	LOFSTROM	LAUREL	74,914.74
LAI	YUN	103,744.11	LUEKEN	CAROL	62,722.49
LAIRD	RAINA	53,857.69	LUKOWICH	ARLENE	107,277.94
LAJEUNESSE	JOANNE	111,402.14	LUNDGREN	JUNE	74,535.16
LAJEUNESSE	LEANNE	56,806.09	LYSITZA	CORINNA	71,769.51
LALONDE	MARIE ANN	93,705.48	LYSITZA	SUSAN	74,462.79
LAMBIRIS	RICHELLE	53,834.97	LYSITZA-MALISCHE	SHELBY	67,372.90
LAMOTTE	RANDI	69,360.79	MACAULEY	MICHELLE	71,155.55
LANG	BRIDGETTE	78,983.39	MACFIE	VIKKI	70,509.48
LAPRISE	KRISTIN	76,322.42	MACLEOD	SHEENA	55,166.39
LAROCQUE	SUSAN	53,002.20	MACNEIL	BEV	57,128.76
LARSON	AIMEE	101,151.67	MADWID	DOREEN	68,236.68
LARSON	DEANNA	113,055.83	MAGNUSSON	EVA	82,628.75
LARSON	MEAGAN	107,039.11	MAKELY	JANICE	89,435.16
LAT PALISOC	MICHELL	66,071.24	MALACH	KIRK	69,557.92
LAVENTURE	SHANNON	53,475.43	MALE	CHARLENE	57,954.23
LAWSON	TAMMY	94,656.91	MANGASER	LEILA	114,471.55
LEADERHOUSE	RICHARD	93,788.39	MANSEAU	JEANNE	71,998.02
LEAHY	SHINEEN	79,578.20	MANTE	MARK STEP	108,386.84
LEBLANC	ELISE	81,485.82	MANTE	RAYMOND	75,989.74
LEE	CONNIE	128,740.84	MARCIA	LAURA	90,381.88
LEEB	SONYA	59,217.34	MARION	MELANIE	89,632.28
LEFEBVRE	WANDA	89,752.92	MARSHALL	PATRICIA	69,472.45
LEHNER	NOLA RAE	76,707.47	MARTENS	MICHELLE	99,527.83
LEHOUILLIER	JENNIFER	56,192.76	MARTENS	SONYA	75,845.64
LELAND	TRAVIS	50,330.74	MARTIN	PAULETTE	57,945.65

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MASIGLAT JR.	PEPITO	$160,407.10
MASON	KAREN	70,614.68
MASON	PAULINE	70,586.92
MASSEY	GERALDINE	63,060.89
MASUSKAPOE	CAROL	65,623.73
MATHEIS	ELONA	93,773.93
MATHEW	SUNIL	56,316.79
MATICE	MADELEINE	92,831.13
MATURAN	RODRIGO	56,599.51
MATURAN	ZOSIMA	141,264.67
MAXIMIUK	RACHEL	91,513.84
MAY	CHARLENE	88,237.43
MCALEESE	TIFFANY	61,061.46
MCCALLUM	LAUREENA	82,812.07
MCCALLUM	LYNETTE	54,674.20
MCCANN	JOHN	109,066.66
MCCOLM	MICHELLE	61,048.06
MCCREADY	DEBORAH	89,415.49
MCDAID	LEONA	69,155.68
MCDONALD	ASHLEY	72,441.65
MCDONALD	BARBARA	117,613.17
MCDONALD	CHRISTIE	51,411.88
MCDONALD	JACLYN	85,563.44
MCDOUGALL	BRENDA	62,797.79
MCDOUGALL	CHANTELLE	53,339.80
MCEWEN	PATTY	68,598.59
MCKAY	LANETTE	89,009.14
MCKEE	TRACY	51,962.36
MCKINNON	LINDA	92,847.56
MCKNIGHT	FRANCINE	67,633.71
MCKNIGHT	ROBERT	63,625.98
MCLAUGHLAN	SYLVIA	70,455.74
MCLEAN	LEANNE	60,410.33
MCLEOD	DONNA	55,009.42
MCLEOD	EILEEN	93,352.78
MCLEOD	GLORIA	96,642.02
MCLEOD	JOLENE	79,031.77
MCMILLAN	TERESA	106,044.14
MCMUNN	BRENDA	98,627.69
MCNABB	ADAM	84,538.96
MEIKLE	LYNN	102,259.50
MEJIA	HANZEL	80,290.34
MENGELL	PHILIP	64,813.02
MESIONA	LOURICYL	85,406.67
MEVILLE	JENNIFER	60,088.29
MEYER	ROSALIE	$ 90,758.60
MEYERS	PAM	76,141.51
MICHEL	MELISSA	54,475.84
MIDDLEBROOK	CIARA	67,150.17
MIDDLEBROOK	VALERIE	61,425.57
MILLER	ASHLEY	77,854.22
MILLER	HEIDI	56,358.94
MILLER	KIMBERLY	79,618.78
MILLER	KRISTEN	59,951.89
MILLER	REBECCA	51,634.70
MILLER	RENEE	51,725.28
MILLER	RHONDA	94,403.93
MILLER	TANYA	50,160.56
MILLS	BRENDA	65,878.25
MILLS	RAE	92,173.92
MIRASTY	TAMARA	74,178.30
MISCHUK	CONNIE	100,887.54
MISHAK	BRENDA	68,250.76
MITCHELL	ERIN	53,488.76
MITCHELL	JAMES	70,124.37
MITCHELL	SHARON	62,585.48
MONETTE	DANA	69,823.59
MONETTE	JUSTIN	79,570.95
MONTILLA	JOE	87,409.74
MONTOUR	ELLEN	56,338.14
MONUS	TISA	75,645.53
MOORE	MARGARET	95,181.14
MOORE	TROY	100,155.20
MORASH	SHARLA	77,861.52
MORHART	RANDY	65,302.99
MORIARTY	LINDA	69,437.82
MORIN	MYRA	61,790.74
MORIN	WANDA	50,600.09
MORLEY	MICHELLE	94,452.59
MORRISON	COLLEEN	60,011.64
MORRISON	LAURIE	70,407.29
MORRISON	MICHAEL	53,177.04
MORROW	EVA MARIE	93,684.08
MOUROT	ROBIN	84,749.83
MOYER	PATSY	71,036.25
MUGLESTON	LANNIE	62,405.66
MULLER	SHARON	68,125.92
MULLNER	CHARLES	76,047.23
MUNAR	WILMA	154,210.46
MURCHISON	KIMBERLY	52,588.03

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MURRAY BERG	DENISE	$ 57,370.41	OTTERBEIN	SHIRLEY	$ 109,318.86
MYCHAN	KARA	94,794.97	OTTO	CRYSTAL	85,314.64
MYCHAN	SHANNON	57,431.78	OTTO	SAMANTHA	53,310.66
NABESS	DEBRA	70,783.53	OXBY	ROSALYN	88,479.71
NAGRAMA	TARCILA	117,252.63	OZMUN	DEBRA	50,425.09
NAGY	SHIRLEY	108,246.22	PAGUIO	JOANN	92,225.36
NAHACHEWSKY	DONNA	105,889.58	PAINTER	JUDITH	76,380.38
NAPPER	RAE ANNE	62,799.77	PALAGIAN	MAUREEN	61,461.39
NATOMAGAN	CLAUDETTE	76,787.65	PALIDWAR	SHERRY	52,247.30
NATOMAGAN	JADENE	98,096.82	PANGILINAN	MICHAEL A	115,907.63
NATOMAGAN	JOANNE	51,499.07	PANO	ANALYN	54,324.84
NELMES	ALLISON	61,987.87	PARADIS	JENNIFER	50,127.08
NELSON	CATHERINE	76,801.77	PARCHEWSKI	LYNNE	57,869.11
NELSON	DARCIE	94,486.94	PARCHOMCHUK	LYNN	89,028.57
NELSON	FRANCES	52,591.88	PARENT	EYVETTE	102,940.40
NELSON	JOSEPH	72,226.35	PARENT	KIM	70,046.21
NELSON	LORI	92,069.68	PARENTEAU	DEBBIE	54,487.83
NEUDORF	RICK	52,666.15	PARENTEAU	JAMIE	53,317.84
NEUFELD	LORNA	76,007.34	PASCUAL	MARJORIE	68,607.98
NEUMAN	ELAINE	52,142.68	PASHOVITZ	KATHRYN	67,760.78
NEURAUTER	ASHLEY	51,283.09	PATTERSON	MELANIE	87,301.53
NEWMAN	SHELLEY	77,423.77	PAUL	CHANTELLE	69,364.41
NICKLAS	MARVIN	81,804.49	PAUL	EVELYN	51,210.16
NICOLAS	BRANDI	55,556.96	PAWLIW	VALERIE	52,535.40
NICOLAS	BRITTANY	102,364.31	PAWLYSHYN	KELLY	78,936.90
NIELSEN	DIANNE	77,509.15	PEARSON	ADAM	97,900.19
NOLAN	GWEN	102,140.19	PEARSON	BRADLEY	54,547.58
NORDLI	HEATHER	76,709.73	PECHAWIS	JANELL	55,260.97
NOVAK	JACEY	72,117.55	PEEKEEKOOT	BETHANY	68,853.78
OAKES	KYLA	76,703.47	PEEKEEKOOT	BROOKE	79,471.72
OBALDO	MARIA ANG	118,525.40	PELLERIN	KAREN	51,731.30
OLDE	STEPHEN	71,880.90	PELLETIER	ELAINE	59,315.32
OLIVER	LYNN	75,755.27	PELLETIER	GINA	52,491.84
OLSEN	CORTNEY	84,524.69	PELLETIER	SHEILA	55,012.22
OLSEN	LISA MARI	60,925.80	PELLETIER	TROY	66,845.95
OLSON	SHARON	71,339.60	PENNER	AMANDA	66,388.58
OLSON	SHERRY	94,034.08	PENNER	ANTHONY	68,820.00
OLSON	TIFFANY	72,392.69	PENNER	GRACE	97,134.87
OLTHUIS	KATHRYN	73,640.20	PERALTA	EMMA	100,084.29
OLUBOWALE	OLUSEYI	53,229.07	PEREZ	JULIE	55,337.39
ORANGE	SHEILA	50,884.25	PEREZ	MICHAEL J	143,989.93
OSECKI	HOLLY-ANN	68,223.08	PERKINS	JO ANN	76,481.51
OSHANEK	JACLYN	53,604.40	PERSON	ANGELYNNE	53,225.95
OTTE	BRYAN	78,236.29	PETER	GALE	112,529.65
OTTE	SHARON	91,489.73	PETERSON	KATHY	52,059.99

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PETIT	LAURI	$ 51,120.42	REIMER	PHILLIP	$ 50,700.16
PETTY	HAILEY	62,244.09	REINBOLDT	BRANDYNE	50,372.16
PHANEUF	SHAWN	104,931.16	REITER	DEBRA	51,806.08
PHILLIPS	MELISSA	51,380.33	REMPEL	ELIZABETH	94,133.34
PIGGOTT	JOHN	198,718.81	RENDEROS	CARMEN	73,742.33
PIGUET	IRENE	55,122.50	RENNEBERG	RAMONA	52,389.50
PIKALUK	JOAN	70,143.53	RENNIE	BRIEANNE	70,005.58
PILON	GAIL	90,798.35	RENNIE	CORY	85,380.26
PILON	TAMMY	92,303.21	RENOUF	CHRISTINA	52,370.50
POETKER	PAT	95,152.71	RENOUF	JESSICA	73,348.78
POGORZELEC	ELLEN	77,676.84	REYNA	SHARLENE	59,706.63
POITRAS	STACY	78,750.36	REYNDERS	ALEXANDRE	70,595.37
POLLOCK	CELESTE	72,939.03	RHEAD	KRISTY	117,719.22
PORTER	BETH	65,279.40	RINDFLIESCH	MALIA	75,834.35
PORTER	PAMELA	65,181.88	RISHCHYNSKI	KATHY	98,467.37
PORTER	TARA	98,116.08	ROBINSON	BRENDA	85,684.61
POULIN	IVY	117,047.67	ROBINSON	SHERRY	52,587.46
POULIN	KIM	75,030.29	ROBINSON	TAMMY	75,843.33
POULIOT	MARJORIE	57,406.44	ROBINSON	TREVOR	75,936.24
POWALINSKY	CHARLOTTE	107,005.18	ROCHELEAU	ANDREA	75,487.90
PRATT	BARBARA	72,119.38	ROCK	LISA	52,324.90
PRETE	CAROL	85,177.25	ROCK	TYLER	61,098.73
PRIESTLEY-MCALPI	DEBORAH	108,657.86	RODRIGUEZ	MARICEL	57,182.31
PROUTY	CAITLIN	83,414.71	ROGERS	JOAN	69,334.47
PUETZ	LEAH	63,390.18	ROLLES	CORY	89,153.61
PYTLAK	RICHARD	52,608.70	ROMANCHUK	MONICA	81,461.45
QUINN	ANTHONY	59,439.11	ROSALES	NONITA	62,199.47
QUITORIANO	ERMINDA M	89,282.98	ROSS	ALANA	112,906.89
RABEJE	CHERYL	101,259.37	ROSS	LONNIE	64,928.49
RABUT	LAURIE	85,011.32	ROSS	PAUL	96,001.02
RALSTON	MARGARET	119,322.05	ROSS	PENNY	60,551.97
RAMOS	JONATHAN	51,787.30	ROSS	PETER	87,630.77
RAMOS	MARIVIC	118,796.25	ROTH	ALICE	100,610.64
RANCOURT	NICOLE	72,626.14	ROUSSON	AUDREY	104,928.18
RANDALL	BRENDA	67,761.26	ROWE	TREVOR	66,523.75
RANFORD	KELLY	71,541.09	ROY	JEANNINE	84,283.11
RASK	LINDSEY	68,592.33	ROY	NICOLE	64,628.82
RASK	LYNN	126,997.94	ROY	ROLAND	53,490.39
READ	MARCUS	58,710.89	RUMBAOA	PAUL CEDR	111,605.26
REDDEKOPP	DEZIRAE	65,069.17	RUSZKOWSKI	ALISHA	96,270.57
REED	COLLEEN	107,843.12	RUTHERFORD	LISA	88,701.11
REGNIER	LYNN	51,005.40	RYE	CHRISTINE	100,648.26
REILLY	KRISTIN	96,747.42	RYHORCHUK	MEAGAN	75,841.27
REIMER	CRYSTAL	51,304.88	SABARATNAM	RATHI	347,738.52
REIMER	DANIELLE	92,593.23	SABO	FAYE	74,863.35

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SAGARDIA	CORRINNE	$ 52,223.59	SMITH	DERRICK	$ 76,559.24
SAGARDIA SILVA	PAOLA	52,382.08	SMITH	JEANNINE	118,037.82
SAMUEL	HOLLY	116,353.59	SMITH	JENNIFER	108,058.90
SAN JUAN	MARICEL	98,466.10	SMITH	KAREN	54,447.62
SANDE	DANIELLE	80,037.94	SMITH	KELLY	52,012.01
SANDER	BEVERLY	124,853.12	SMITH	RAYLENE	78,340.03
SANSONE	CARMEN	52,578.92	SMITH	ROBERT	67,061.84
SANTIAGO	SUSAN	58,879.76	SMITH	SHEILA	87,696.13
SARCHUK	BRENDA	109,069.39	SMITH	SUSAN	97,958.65
SASS	KAREN	55,161.40	SMITH COLEMAN	STACEY	117,367.06
SAUVE	BARB	84,101.55	SMITH OPSETH	VALERIE	77,566.60
SAVAGE	SHAUN	90,400.25	SOGZ	CARA	92,795.28
SAWATSKY	ROXANE	89,081.52	SOMMERFELD	ANTONIA	101,969.09
SAWCHUK	KELLY	85,718.56	SOMMERFELD	BRENDA	86,257.68
SAWICKI	MELISSA	78,591.62	SONSIE	DANIEL	64,922.57
SCHOPP	ASHLEY	98,548.55	SORENSON	CONNIE	79,534.20
SCHOPP	TARA	105,294.88	SORENSON	ELYSE	50,286.80
SCRIVENER	DIANE	106,340.19	SPADEMAN	JAMI	56,533.60
SEGBERG	VIVIAN	54,594.40	SPECHT	KIRSTEN	75,312.46
SEIDLE	DEBBIE	54,269.13	SPICER	JOHN	68,484.13
SEIDLE	LAURA	68,170.82	SPROAT	CHARLENE	93,084.93
SEMENOFF	JENNIFER	54,662.20	SRAON	KULJIT	97,225.40
SENINA	KRIZIA LE	126,787.49	ST. AMAND	JAEDIN	75,862.04
SERFAS	DENNIS	77,169.79	STABNER	JANET	122,356.94
SETTEE	TINA	74,825.96	STACEY	RYAN	80,516.42
SEVIGNY	KENDRA	74,143.31	STADNYK	ELIZABETH	105,011.52
SEYI-AJAYI	MIDE	86,193.81	STADNYK	LORI	87,864.75
SHEPPARD FROH	ANGIE	60,689.12	STAHL	LISA	91,661.02
SHORT	CARLA	65,233.27	STARBLANKET	LEANNE	76,702.09
SIEGEL	BRENNA	90,047.21	STARK	STACI	79,236.70
SIGFUSSON	JANELLE	66,811.16	STEFANSKI	ELIZABETH	74,443.84
SIMPSON	FRANCES	55,293.62	STEFANYSHYN	CARI ANN	101,753.85
SIMS	LINDA	120,412.11	STENE	MICHELLE	68,709.56
SINCLAIR	PAMELA	81,684.19	STENSKE	TINA	80,040.13
SINGH	KULWINDER	76,525.33	STENZ	EDELTRUD	84,324.47
SKARPINSKY	BETTY	111,379.66	STEPHEN	DONNA	51,684.90
SKAUGE	PATRICIA	52,872.22	STEVELY	VIVIAN	72,206.90
SKIBINSKY	DEBBIE	78,302.27	STEVENS	ALECIA	55,399.12
SKIFFINGTON	RIKKI	93,208.34	STHAMANN	MICHELE	71,118.10
SKINNER	MICHAEL	65,105.67	STIEB	BEATRICE	63,584.89
SLATER	DARLENE	58,047.54	STIEB	LEE	81,221.55
SLETTEN	CINDY	99,939.94	STOBBS	BARBARA	52,127.58
SLOWENKO	SUNYOUNG	91,898.38	STOCKI	JULIE	78,077.55
SMALL	CRYSTAL	67,316.28	STOROSCHUK	NICOLE	66,242.74
SMITH	CARMA	58,170.43	STRAUGHAN	TRACEY	80,663.69

Appendix D: Payee List

As of
March 31, 2015

PERSONAL SERVICES

STREET	MICHELLE	$ 96,993.21
STUART	PATRICIA	187,578.82
STUCKEL	ONNALEE	105,620.62
SUAREZ	MARILOU	54,301.97
SUCHAN	ROXANNE	53,129.29
SUCHORAB	CATHERINE	102,923.86
SUCHORAB	FRANK	110,132.26
SUCHORAB	JENNIFER	102,658.01
SUNIL	ANCY	53,326.01
SURKAN	IDA	104,282.36
SURPRENANT	LORRIE	98,946.05
SWAIN	TRUDY	73,176.94
SWAN	KATRINA	78,961.25
SWANSON	MARLENE	80,041.23
SWENSON	RAMONA	54,398.00
SWITYK CONACHER	LARISSA	81,383.16
SY	ESTER	57,174.75
SZABO	DALE	92,740.31
SZABO	HEATHER	76,085.93
SZESZORAK	SYLVIA	66,752.72
TABERNA	BERNARDIN	59,986.57
TAMAYO	LEA MYRTH	92,344.89
TANCHAK	HEATHER	50,290.74
TAYLOR	ANGIE	68,994.53
TAYLOR	BARBARA	59,411.91
TAYLOR	DEBRA	83,679.42
TAYLOR	JANINE	51,760.05
TAYLOR	JEREMY	87,464.65
TAYLOR	TARA	61,940.25
TAYLOR	VICTORIA	80,257.57
TAYLOR WALL	KRISTEN	91,607.72
TEER	DONNA	56,613.01
TEICHREB	BRADLEY	74,880.58
TEICHREB	PATRICIA	82,071.44
TENKINK	JESSICA	78,745.01
TESSIER	AMBER	75,990.27
TETREAULT	LAURIANNE	118,383.20
THERRIAULT	KRISTINE	61,925.51
THESEN	BARBARA	94,192.76
THOLL	BETTY	89,860.20
THOMAS	KATHY	65,886.11
THOMAS	YVETTE	93,756.58
THOMMES	ANNA	97,194.51
THOMPSON	DONNA	87,212.68
THOMPSON	JAMIE	78,302.82
THOMPSON	KIMBERLY	$ 80,945.17
THOMPSON	LINDSAY	52,942.87
THOMPSON	TANNICE	109,777.87
TILFORD	TOM	79,633.05
TILSLEY	SHAWN	74,995.37
TOLOFSON	ALANNA	65,040.04
TOMIAK	ASHLEY	69,460.71
TONER	KIMBERLEY	65,526.47
TOUROND	LORI	70,944.43
TOYE	COLLEEN	54,094.73
TRUDEL	JILLIAN	69,341.15
TRUEMAN	CAROL	142,152.61
TUCKER	NOLA	116,047.16
TUKE	CASSANDRA	63,210.64
TURGEON	CHERYL	56,801.62
TURNER	IRENE	71,229.55
TURNER WOJCICHOW	TANYA	57,849.52
TWEIDT	PAMELA	58,239.19
TWEIDT	ROBYN	88,709.34
UDEY	CAROLYN	84,079.88
ULCH	GWEN	107,112.95
ULVILD	BRENT	52,859.85
UMPHERVILLE	ALEXANDRA	56,789.44
URSU	SHIRLEY	55,700.59
VACHON	CHARLES	77,146.42
VALUCK	DONNA	58,072.10
VAN DYCK	CAROLINE	67,315.41
VAN METRE	KIMBERLY	105,142.20
VAN OTTERLOO	MELISSA	82,841.18
VANSIL	DARRELL	53,140.60
VANSIL	HEATHER	80,353.64
VARGAS	ANGELICA	76,544.95
VELLACOTT	JOYCE	72,920.27
VERBONAC	DAYNA	64,803.41
VERMETTE	CHASITY	94,906.74
VERMETTE	TRACY	130,828.01
VEZEAU	JUNE	92,363.11
VILLAMAR	JULIUS	119,271.27
VILLAMAR	MA CARLIA	129,166.79
VILLELLA	JOE	52,746.96
VINCENT	LINDA	72,800.04
VINEY	PETRA	51,189.43
VONESCHEN	YVONNE	81,765.03
WALKER	VICTORIA	75,573.53
WALL	CYNTHIA	84,738.17

Appendix D: Payee List

As of
March 31, 2015

PERSONAL SERVICES

WALLACE	EMILIE	$ 65,054.12
WALLIN	LISA	70,282.02
WALTERS	JACKIE	93,409.76
WARKENTIN	BARBARA	112,881.97
WARKENTINE	SONJA	78,699.56
WARRINER	NOVA	56,068.90
WASLAK	MARY	80,665.43
WASON	RICHELLE	79,370.51
WASYLYSHYN	SHELLEY	90,033.74
WATSON	NAVDEEP	83,472.29
WATT	MAXINE	105,272.54
WAUGH BEAULIEU	TANYA	87,923.86
WAWRO	KIM	53,611.24
WEBER	PAT	61,003.03
WEBER VANSIL	BRENDA	51,666.50
WEBSTER	KAILAH	77,106.46
WEGER	CHERYL	111,974.34
WEINRICH	BETTE ANN	82,798.73
WELTER	MACKENZIE	60,656.26
WERNER	WENDY	50,084.35
WEST	KIMBERLY	107,487.20
WHITE	LEAH	92,601.63
WHITE	MILLICENT	74,642.13
WHITE	TRACEY	64,198.94
WICK	DEBORAH	64,951.22
WIEBE	KRISTA	56,961.68
WIEDER	PAULA	77,425.98
WIEDERSPICK	MILDRED	94,651.83
WIENS	DEANNA	64,611.02
WIESE	MELISSA	92,055.40
WILLIAMS	LORRAINE	86,926.92
WILLIS	KIMBERLY	90,766.87
WILSON	ALICIA	$ 66,163.02
WILSON	DEBRA	87,338.51
WILSON	SHELLEY	74,307.69
WINGE	DEBORAH	105,507.06
WISEMAN	SHELLY	80,751.87
WISER	VALERIE	76,214.03
WITTIG	KRISTIE	64,798.89
WOODEN	DIANA	70,212.18
WOTHERSPOON	MURRAY	80,209.69
WOTHERSPOON	SHERRY	73,209.64
WRIGHT	KATHY	52,083.21
WRIGHT	LOUISE	52,317.01
WYAND	RON	75,170.79
WYKES	CAROL	55,861.13
YOUNG	KRYSTAL	54,304.24
YOUNG	MATTHEW	107,373.40
YOUNG	TYLA	66,126.62
YUTING	ROCHELLE	58,682.36
ZAGIEL	LYNDA	72,506.94
ZAHARA	RICK	57,804.06
ZAKOWSKY	NICOLE	88,447.13
ZALESCHUK	RICHARD	91,813.74
ZANIDEAN	DARLENE	94,411.69
ZANIDEAN	LORNE	158,199.86
ZAWISLAK	KIM	92,477.17
ZBARASCHUK	KELLY	81,126.95
ZDRILL	SAMANTHA	68,556.48
ZELENSKY	CHANTELLE	108,138.31
ZELOWSKY	SUSANNE	114,277.92
ZENTNER	NEIL	129,856.30
ZORN	ALYSSA	65,414.58
ZWACK	MONIQUE	88,747.83

Appendix D: Payee List

As of
March 31, 2015

SUPPLIER PAYMENTS	
3130827 CANADA INC (CPDN)	$ 508,279.77
ABBOTT LABORATORIES LIMITED	79,813.90
ABBOTT LABORATORY DIAGNOSTIC DIVISION	195,293.35
ABBVIE CORPORATION	54,469.30
ACKLAND GRAINGER - P.A.	81,295.78
ALCON CANADA INC	584,328.67
ALLERGAN INC	55,335.00
ALLIED BLOWER	68,239.84
AODBT ARCHITECTURE INTERIOR DE	122,202.00
ARJOHUNTLEIGH CANADA INC	240,340.18
ASSOCIATED RADIOLOGISTS	2,632,471.43
BARB BOWDITCH	74,225.20
BARD CANADA INC	89,194.95
BAXTER CORPORATION	249,877.97
BIOMED RECOVERY & DISPOSAL	208,962.81
BRACCO IMAGING CANADA	85,024.43
BRYNGELSON & ASSOCIATES INC.	70,530.56
CANADIAN CORPS OF COMMISSIONAI	1,193,941.12
CARDINAL HEALTH CANADA INC.	811,854.28
CARPET WORLD	62,722.51
CHERRY INSURANCE	64,097.00
CIBC VISA	51,673.22
CIBC WOOD GUNDY	3,000,000.00
CITY OF PRINCE ALBERT	366,700.63
COVIDIEN CANADA ULC	338,259.20
CUPE LOCAL 4777	1,343,992.96
DELL CANADA	354,079.00
DENIS ST. AMAND	80,430.22
DOMINION BIOLOGICALS	54,901.28
DR PEGGY LAMBOS MEDICAL PROF CORP	449,515.64
DR. A. JANSE VAN RENSBURG	168,853.25
DR. A. RAMJI	453,115.64
DR. A.M. CHOKANI PODIATRY PROF	111,438.00
DR. ADEL BEN SALEH	54,990.93
DR. AJOGWU MEDICAL PROF CORP	258,754.44
DR. ANITA TAJ MEDICAL PROF CORP	398,708.92
DR. B. SILVEIRA MEDICAL PROF CORP	476,728.10
DR. BAQIR-HUSAIN MEDICAL PROF	397,276.18
DR. BRENDA HOOKENSON	200,402.44
DR. C.E. CLARK	425,326.94
DR. CARMEN MIRCEA	444,486.90
DR. CHELSEA SCHEMENAUER	51,562.36
DR. CHRISTIE DE VILLIERS	65,903.89
DR. COLIN GALLINS	354,382.68
DR. COLLINS EGBUJUO MEDICAL PROF	177,782.22

Appendix D: Payee List

>> As of March 31, 2015

SUPPLIER PAYMENTS	
DR. CORNE S. SMITH	$ 304,424.18
DR. CYNTHIA NAIR	253,505.61
DR. D. BULAT PROFESSIONAL CORP	449,815.64
DR. D. MARTEN	337,386.91
DR. E. MACIEL	77,639.69
DR. EDWARD ODOGWU MEDICAL PROF	306,909.07
DR. EVELYN OBOSI-ODOGWU MEDICAL PROF	94,428.19
DR. FARAI SENZANI	276,522.22
DR. FERDIE SMIT	460,586.46
DR. FRANCOIS ROSSOUW	191,209.09
DR. GREG OBRIGAVITCH MEDICAL PROF	83,938.36
DR. JACOB STEYN	138,980.89
DR. JACOBUS VAN DER MERWE	174,431.43
DR. JOANNE SIVERTSON	505,852.66
DR. JOHAN WESSELS	379,691.47
DR. JOHN RYE	69,664.55
DR. K. SHUKLA	90,335.00
DR. KATHLEEN LUMB	460,043.70
DR. KHAMI CHOKANI MEDICAL PROF	358,226.65
DR. KONYA SRIRAM, MEDICAL PROF	73,457.34
DR. L J COERTZE MEDICAL PROF	301,365.65
DR. LILANIE COOPER	350,953.67
DR. LINDSAY CRUICKSHANK NORTHE	418,599.60
DR. M. DURUSSEL	449,515.64
DR. M.Z. HUSSAIN	97,800.30
DR. MARTIN VEITH	371,680.81
DR. MATTHEW PARSONS	78,352.88
DR. N.M. ARSIRADAM	66,117.22
DR. NICOLE CARDINAL	64,917.02
DR. O. MABADEJE	461,883.39
DR. OLABODE IGE, MEDICAL P.C.	113,337.28
DR. OMAR SHOKEIR	387,146.47
DR. R. FRIESEN	390,777.90
DR. R. ROYEPPEN MEDICAL PROF	441,223.20
DR. RADU ILIE-HAYNES	66,488.91
DR. RASHID	138,680.63
DR. RON WALL	63,603.68
DR. RUTH O'CARROLL	460,864.56
DR. S. BRIJALL MEDICAL PROF CORP	475,428.10
DR. S.W. TECLEGIORGIS MED PROF	257,934.36
DR. SAMEER HASANNI	59,295.14
DR. SANTHERAN MOODLEY	479,216.84
DR. SYED ASIF ALI	53,064.89
DR. T. MALHOTRA	399,515.64
DR. TERRI PERSON	197,755.01

Appendix D: Payee List

As of March 31, 2015

SUPPLIER PAYMENTS	
DR. THANGAVELLI MEDICAL PROF	$ 53,466.09
DR. UCHE NWADIKE	177,782.22
DR. V. PAREKH MEDICAL PROF CORP	90,067.14
DR. V. UDAYASANKAR MED PROF CORP	467,203.18
DR. VICTOR ASEFA	63,794.17
DR. Y. PILLAY	461,709.21
DRAEGER CANADA	56,202.02
ECONO LUMBER	64,335.83
EDEN HEALTH SOLUTIONS LTD.	52,305.75
EECOL ELECTRIC (SASK) LTD	115,285.35
eHEATLH SASKATCHEWAN	544,897.80
EMMANUEL OLUMIDE	153,506.20
ERV PARENT GROUP	54,371.27
F. ROSSOUW MEDICAL PROF CORP	76,209.50
FISHER SCIENTIFIC LIMITED	50,992.86
FLAMINIO CEILINGS & WALL SYSTE	109,970.23
GE HEALTHCARE	304,958.03
GOLDEN OPPORTUNITIES FUND INC.	109,135.91
GRAND & TOY	182,701.39
GREAT WEST LIFE	727,870.84
GREENLAND WASTE DISPOSAL LTD.	123,905.33
HEALTH QUALITY COUNCIL	58,039.01
HEALTH SCIENCES ASSOC OF SASK	193,531.18
HILL-ROM CANADA	866,141.78
HOLOGIC CANADA LIMITED	59,521.00
HOSPIRA HEALTHCARE CORPORATION	1,031,335.22
INDEPENDENT LIVING INC.	62,417.57
INLAND AV	61,647.06
INNOMAR STRATEGIES INC.	54,478.44
INNOVATIVE COMMERCIAL INC.	273,906.36
JAMES R. BROWN MED PROF CORP	341,364.57
JOHNSON & JOHNSON MEDICAL PROD	190,152.31
KAREN HARDER	54,352.98
KCI MEDICAL CANADA INC	110,128.26
KIN ENTERPRISES INC	103,432.85
LINVATEC CANADA	153,992.46
LORNE ZANIDEAN	73,183.00
MALLINCKRODT CANADA ULC	81,474.41
MARK WARNER	66,468.36
MARSH CANADA LIMITED	373,340.50
MASTERCARD	161,993.13
MCDOUGALL GAULEY LLP	139,922.81
MCKESSON CANADA CORPORATION	1,060,741.30
MCKESSON DISTRIBUTION PARTNERS	343,086.94
MEDICAL MART WEST	50,107.31

Appendix D: Payee List

As of
March 31, 2015

SUPPLIER PAYMENTS	
MEYERS NORRIS PENNY	$ 77,964.25
MOSES OLAKANMI	153,968.39
NATIONAL REFRIGERATION HEATING	62,805.17
NICOLE ENTERPRISES INC	104,358.34
NORTH SASK. LAUNDRY & SUPPORT	3,052,213.67
NOVARTIS PHARMA CANADA INC	236,021.40
NOVARTIS PHARMACEUTICALS CAN I	179,018.12
OLYMPUS CANADA INC.	56,841.04
OXOID COMPANY	52,428.21
PENTAX CANADA INC.	176,130.41
PG PARK INC.	192,334.92
PHILIPS HEALTHCARE	461,661.67
PINNACLE DISTRIBUTION INC.	63,777.94
PRAIRIE MEATS	262,102.61
PRINCE ALBERT PARKLAND HEALTH - RBC	363,481.50
PRINCE ALBERT PHOTOCOPIER LTD.	159,996.11
PROVINCIAL MEDICAL SUPPLY	118,664.42
RBM ARCHITECTURE	205,012.50
RNF VENTURES LTD.	2,908,413.30
ROCHE DIAGNOSTICS	176,814.45
RUSZKOWSKI ENTERPRISES LTD	221,045.29
S MARTINS MEDICAL PROF CORP	490,017.93
SAPUTO MILK DIVISION	246,106.42
SASK ENERGY	860,493.85
SASK POWER	1,680,603.36
SASK UNION OF NURSES-REGINA	618,654.48
SASK WORKERS COMPENSATION BOAR	2,604,614.18
SASKATOON HEALTH REGION	71,724.98
SASKTEL	341,959.25
SASKTEL MOBILITY	134,387.04
SCHAAN HEALTHCARE PRODUCTS	2,316,651.62
SHRED-IT INTERNATIONAL	61,343.94
SIEMENS CANADA LIMITED	339,552.11
SISTERS OF THE PRESENTATION	176,121.00
SMITH & NEPHEW INC	137,588.72
SOLUTIONS STAFFING INC.	970,820.20
SRNA	251,532.90
STERIS CANADA LIMITED	130,519.58
STRYKER CANADA LP	386,592.54
SUN LOCAL 62	116,636.93
SUPREME BASICS PRINCE ALBERT	125,558.10
SYNTHES (CANADA) LTD	90,913.39
SYSCO FOOD SERVICES REGINA	1,801,763.53
TAB CANADA	75,753.86
TELEFLEX MEDICAL L.P.	89,983.95

Appendix D: Payee List

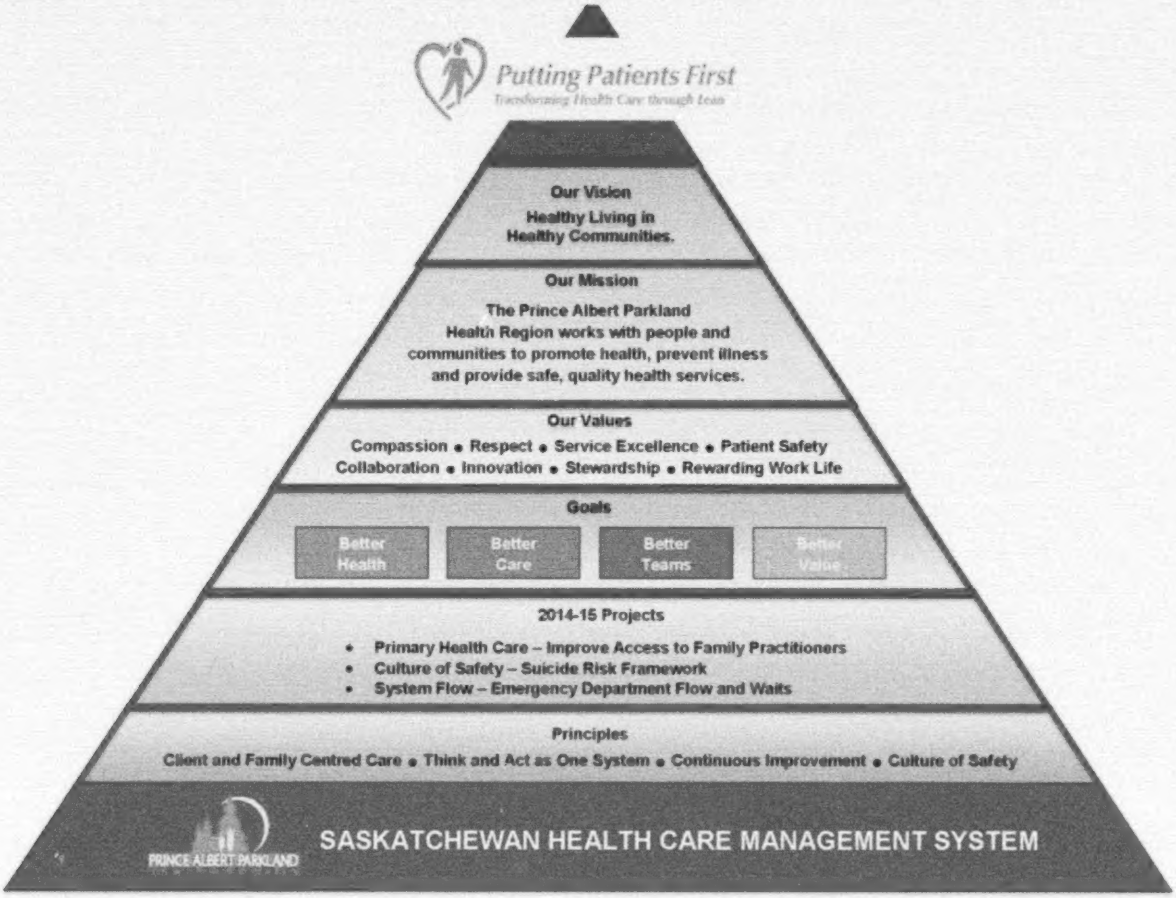
>> As of March 31, 2015

SUPPLIER PAYMENTS	
THE STEVENS COMPANY LIMITED	$ 227,481.63
THORPE BROTHERS LTD	451,332.83
TOWN OF SHELLBROOK	237,107.73
TRAC HOLDINGS LTD.	275,199.02
TYCO HEALTHCARE GROUP CANADA I	132,814.20
UCHE NWADIKE MEDICAL PROFESSIO	61,658.17
VAN HOUTTE COFFEE SERVICES INC	91,121.52
VITALAIRE HEALTHCARE	181,533.46
VOCERA COMMUNICATIONS, INC.	163,038.54
VWR INTERNATIONAL CO	79,915.35
WOOD WYANT	213,806.76
ZEP FACTORY OUTLET	144,653.71
ZIMMER OF CANADA LIMITED	825,018.24

TRANSFERS	
BLAINE LAKE AMBULANCE CARE	$ 417,278.04
CANADIAN MENTAL HEALTH ASSN	252,802.08
CO-OPERATIVE HEALTH CENTRE	357,228.96
FAMILY FUTURES INC.	164,287.16
MONT ST JOSEPH HOME INC	8,589,453.75
P.A.MOBILE CRISIS UNIT COOP LT	81,491.88
PARKLAND AMBULANCE CARE LTD	2,744,896.46
SHARE	832,343.19
SPIRITWOOD AMBULANCE CARE LTD	1,062,851.97

OTHER EXPENDITURES	
MINISTER OF FINANCE	$ 74,713.08
MINISTER OF CENTRAL SERVICES	710,184.90
PUBLIC EMPLOYEES PENSION PLAN	269,563.91
RECEIVER GENERAL FOR CANADA- T	41,237,307.60
3sHEALTH	8,609,059.59
SHEPP	18,821,035.62

Prince Albert Parkland Regional Health Authority



Our Vision

Healthy Living in Healthy Communities.

Our Mission

The Prince Albert Parkland Health Region works with people and communities to promote health, prevent illness and provide safe, quality health services.

Our Values

Compassion • Respect • Service Excellence • Patient Safety
Collaboration • Innovation • Stewardship • Rewarding Work Life

Goals

- Better Health
- Better Care
- Better Teams
- Better Value

2014-15 Projects

- **Primary Health Care – Improve Access to Family Practitioners**
- **Culture of Safety – Suicide Risk Framework**
- **System Flow – Emergency Department Flow and Waits**

Principles

Client and Family Centred Care • Think and Act as One System • Continuous Improvement • Culture of Safety

SASKATCHEWAN HEALTH CARE MANAGEMENT SYSTEM

PRINCE ALBERT PARKLAND
HEALTH REGION
Healthy Living in Healthy Communities.

2014-15 Annual Report